CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Flammables License

BROADWAY PETROLEUM INC
1284 BROADWAY
SOMERVILLE MA 02144

License #: BL15-000506
File #: 15-402
Fee: 550

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	**CHANGES:** (Note below or explain on a separate sheet)
Business/DBA Name: BROADWAY PETROLEUM INC **Business Location:** 1284 BROADWAY **Business Phone:** 617-623-9110	
License Holder: BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144	
Mailing Address: BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144	
Business Type: Corporation ELIAS ELKHAOULI ELIAS ELKHAOULI ELIAS ELKHAOULI	
FID: 043203686	
Emergency Contact: ELIAS ELKHAOULI **Phone:** 781-233-3069	
# of Gallons of Flammables to be Stored: 23000 **Describe Flammables to be Stored:** Not yet provided. **Proposed Hours of Operation:** Not yet provided.	

2015 APR 15 A 11:01
CITY CLERK'S OFFICE
SOMERVILLE, MA

I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the BOARD OF ALDERMEN.
-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____ Date: 4-14-15

Printed Name: Eli ELKhaouli Phone: 617-623-9110

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Broad way petroleum; dba Tick Sq Auto.

Address of taxpayer/applicant's business in Somerville: 1284 Broadway

Address of taxpayer/applicant's home in Somerville: 6 Jefferey St Somerville MA

Taxpayer/applicant's phone: day: 617-623-9110 evening: 781-233-3061

I, (print name) Eli Elkhouli, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 14 day of April, 2015. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: ___

2391 #335029011 # 290 #_____

NOTES:

CLERK'S INITIALS: LB **ORIGINAL STAMP:** LBarnes 4-15-15

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: BROAD WAY petrolam inc dba teele SQ Auto

Address: 1284 Broad way

City: Somerville State: MA Zip: 02144 Phone #: 617-623-9110

☐ I am an employer with _____ employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other Gas station

Workers' compensation insurance information (if applicable): Dowling ins Agency

Insurance Company Name: MA Retail Merchants WC Group, INC

Address: P.O. Box Braintree MA 02185

City: Braintree State: MA Zip: Phone #: 781-848-7652

Policy #: 014006033200115 Expiration Date: 1-1-16

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of $100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [signature] Date: 4-14-15

Print Name: Eli Elkhaoul

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: ____________ ***Permit/License #:*** ____________

Contact Person: ____________ ***Phone #:*** ____________

☐ ***Board of Health***
☐ ***Building Department***
☐ ***City/Town Clerk***
☐ ***Licensing Board***
☐ ***Selectmen's Office***
☐ ***Other*** ________

(revised Jan. 2008)

NOTICE TO EMPLOYEES

NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017

617-727-4900 - http://www.state.ma.us/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

MA Retail Merchants WC Group Inc.
NAME OF INSURANCE COMPANY

PO Box 859222-9222 Braintree, MA 02185
ADDRESS OF INSURANCE COMPANY

014005032200115 — POLICY NUMBER

1/01/2015 - 1/01/2016 — EFFECTIVE DATES

Dowling Insurance Agency, Inc. — NAME OF INSURANCE AGENT

PO Box 850962 Braintree, MA 02185 — ADDRESS

781-848-7652 — PHONE #

Teele Square Auto — EMPLOYER

1284 Broadway Street Somerville, MA 02144 — ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL — ADDRESS

TO BE POSTED BY EMPLOYER