



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW GARAGE LICENSE**

**BROADWAY PETROLEUM INC  
TEELE SQUARE AUTO  
1284 BROADWAY  
SOMERVILLE, MA 02144**

License #: **859**  
City # **G264**  
Fee: **550.00**  
Account ID: **402**  
Reference #: **859**

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: For <b>TEELE SQUARE AUTO</b> Business Location: <b>1284 BROADWAY</b> Business Phone: <b>617-623-9110</b>	
License Holder: <b>BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144 617-623-9110</b>	2013 APR 29 AM 10:06 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: <b>BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - ELIAS ELKHAOULI SECRETARY - ELIAS ELKHAOULI</b>	
FID: <b>043203686</b>	
Food Manager/Emergency Contact: <b>ELIAS ELKHAOULI</b> <b>781-233-3069</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 11 VEHICLES
- 3 VEHICLES INSIDE
- 8 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 12/2/2010, Fuel Deliveries Allowed Between 7AM And 7PM Only. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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 4-22-13  
 Print Name: Eli Elkhaouli Phone 781-233-3069

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

Workers' Compensation Insurance Affidavit- General Business

**Applicant information:**

Name: BROADWAY petroleum, inc dba Pele 5R 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 and repair

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: MA retail merchants WC Group INC  
 Address: P.O. Box 859222-9222  
 City: Braintree State: MA Zip: 01985 Phone #: 781-848-7652  
 Policy #: 014005032200 113 Expiration Date: 1-1-14

**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: 4-22-13  
 Print Name: Eli Elkhaoui

*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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: tee le SQ auto, Broadway petroleum inc

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

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-9110 evening: 781-233-3069

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 22 day of

4, 2014. [Signature]  
(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: \_\_\_\_\_

# 2354      # 33509011      # 326      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED  
UBaraw  
4-30-13