



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

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

License #: **858**  
Fee: **.00**  
Account ID: **402**  
Reference #: **858**

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: <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>	
Mailing Address: <b>BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ELIAS ELKHAOULI</b> <b>SECRETARY - ELIAS ELKHAOULI</b> <b>TREASURER - ELIAS ELKHAOULI</b>	
FID: <b>043203686</b>	
Food Manager/Emergency Contact: <b>ELIAS ELKHAOULI</b> <b>781-233-3069</b>	

24th NOV 10 P 12:10  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

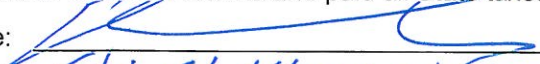
Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)  
Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**2 VEHICLES OUTSIDE**

Description of Location and/or Other Conditions:

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: 11-6-14  
Print Name: Eli Elkhaouli Phone: 617-623-9110

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number 261436

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Broadway Petroleum, Inc. dba Teele Square Auto

located at

1284 Broadway  
Somerville, MA 02144

in favor of **City of Somerville, MA**

for the term beginning December 31st, 2014 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 22, 2014

NGM Insurance Company

By: 

James M. Crawford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

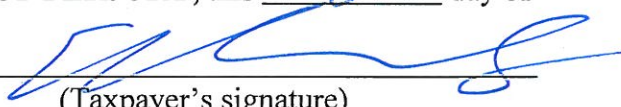
Exact name of taxpayer/applicant's business: Teche Sea Auto

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 Elkhaoui, 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 6 day of 11, 2014.  
  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

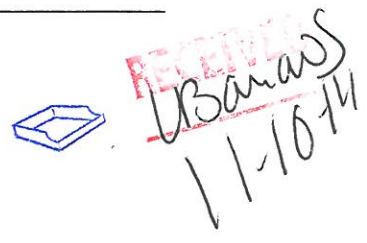
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 2391      # 335029011 # 290      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UPB

ORIGINAL STAMP:



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 + retirement aka Teke SA auto.  
Address: 1284 Broad way.  
City: Somerville State: MA Zip: 02144 Phone #: 617-623-9160

- 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 + repair

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

Insurance Company Name: MA retail Merchants WC group - Dowling ins agency  
Address: \_\_\_\_\_  
City: Braintree State: MA Zip: 02185 Phone #: 781-848-7452  
Policy #: 014605032200114 Expiration Date: 1-1-15

**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.

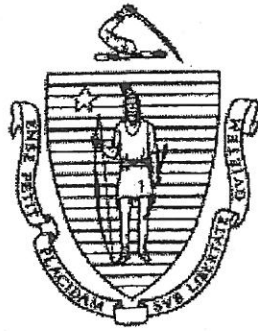
Signature: [Signature] Date: 11-6-14  
Print Name: Eli Elkhadoli

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 \_\_\_\_\_

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts**

**DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 - <http://www.mass.gov/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 01285

**ADDRESS OF INSURANCE COMPANY**

014005032200114

1/01/2014 - 1/01/2015

**POLICY NUMBER**

**EFFECTIVE DATES**

Dowling Insurance Agency, Inc. PO Box 850962 Braintree, MA 02185

781-848-7652

**NAME OF INSURANCE AGENT**

**ADDRESS**

**PHONE #**

Teele Square Auto

1284 Broadway Street Somerville, MA 02144

**EMPLOYER**

**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**