

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

ELIAS G. MIKHAEL
229 CURVE STREET
DEDHAM MA 02026 4444
Lic#: F-2011-005
B.O.A.#: 182439
Fee: \$500.00

Restricted to: 32,995 Gallons Total
Restricted as follows;
AMENDED 12/20/56 AMENDED 9/13/90 AMENDED 2/14/91
30,000 GALS. GASOLINE CONVERT FULL SERVICE PUMPS INTO
1,000 GALS. FUEL OIL SELF-SERVICE PUMPS
1,000 GALS. WASTE OIL 2/9/95 TRANSFERRED FROM SUN CO.
550 GALS. MOTOR OIL INC. TO PARKWAY SERVICE
400 GALS. ANTI-FREEZE
TRANSFFERED ON DECEMBER 14, 2006 BOA #182439

Is the holder of the license originally granted 11/14/1929
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00395 ALEWIFE BROOK PKWY
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: G E & M AUTO SERVICE D/B/A PARKWAY SUNOCO TEL: 617-623-9615
Company Address: 00395 ALEWIFE BROOK PKWY

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: Co: Corp: Trust: Agency
Gov: Partner
Ship: Other

Owner Name: ELIAS G. MIKHAEL TEL: 617-792-2022
Owner Address: 229 CURVE STREET

Owner City: DEDHAM State: MA Zip: 02026
FID#: 043564703

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 15 10 37

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is yours.
If the renewal application is not returned to the City Clerk's office by
04/30/2011 please advise this office at once.
This renewal application must be signed by the holder of the license.
Check One: Owner Occupant Holder

Elias G. Mikhael
Signature of Applicant
229 Curve St.
Address
Dedham Ma. 02026.
City State Zip

**** Office Use Only ****
Mailed
Taken
Received: _____
City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

G E & M Auto Service DBA Altwile Automotive
* Signature of Individual or Corporate Name (Mandatory)

Elias Michael
By: Corporate Officer (Mandatory, if a corporation)

043-564-703
** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

**Alewife Auto
395 Alewife Brook Pkw
Somerville, MA 02144**

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, (print name) Elias Michael, 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 _____ day of

_____, 20_____.

(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: _____

19655121 # 34605400 / # 3201186 # _____

NOTES:

CLERK'S INITIALS: u

ORIGINAL STAMP:

RECEIVED
12/13/11



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: GE & M Auto Service DBA Alewife Automotive
 address: 395 Alewife Brook Parkway
 city: Somerville state: Ma. zip: 02144 phone #: 617-623-9615

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job. GE & M Auto Service

company name: ~~BRITISH AMERICAN MA Retail Merchant Wc Group Inc~~
 address: 10 British American Blvd.
 city: Latham NY phone #: 1800-790-8877
 insurance co.: Ma. Retail Merchant Wc Group policy #: 014005032305111

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co.: _____ policy #: _____

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co.: _____ policy #: _____

Attach additional sheet if necessary
 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: 4.12.11
 Print name: Elias Michael Phone #: 617-623-9615

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license #: _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
(revised Sept. 2003)