

2 AUTOS OUT.

# SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>11/7/11 -MS</u>
Amount Paid	<u>\$ 550.00</u> <u>CE# 5268</u>

Date 10-26-2011

New Application Check one:  Class 1  Class 2  Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: Teek S & A Auto Phone: 617-623-9110

Business Location (with Zip Code): 1284 Broadway Somerville MA 02144

Applicant's Legal Name: BROADWAY PETROLEUM INC

Applicant's Address (with Zip Code): 1284 Broadway Somerville MA 02144

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 043203686

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: Eli ELKHAOULI Phone: 617-623-9067

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 Corporation (inc. LLC)  Other incorporate

### IF A SOLE PROPRIETOR:

Owner's Name: Eli ELKHAOULI

Address with Zip Code: 6 Saffery St saugus MA 01906

### IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Eli ELKHAOULI president

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

2011 NOV - 7 10  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

2011 NOV - 7 1  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y  N

Is your principal business the sale of new motor vehicles?

Y  N

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?

Y  N

If yes, provide the name of the manufacturer(s): \_\_\_\_\_

Is your principal business the buying and selling of second hand motor vehicles?

Y  N

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y  N

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N<sup>1</sup>/<sub>4</sub>?

Y  N

If yes, provide the name of the repair facility: Tree SQ Auto

Is your principal business that of a motor vehicle junk dealer?

Y  N

Have you ever obtained a license to deal in second hand motor vehicles or parts?

Y  N

If yes, list year, city and state Somerville same  
License I'm Renewing

Have you ever been denied a license to deal in second hand motor vehicles or parts?

Y  N

If yes, list year, city and state \_\_\_\_\_

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended?

Y  N

If yes, list year, city and state \_\_\_\_\_

Describe all of the premises to be used in the business:

Gas station, repair,  
and sales

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

same

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 10-26-2011

Business Name: Teke SA Auto Sale

Business Address: 1284 BROADWAY Somerville MA 02144

**FOR NEW APPLICANTS:**

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a \_\_\_\_\_ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: \_\_\_\_\_ inside  
\_\_\_\_\_ outside

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**POLICE DEPARTMENT RECOMMENDATION:**

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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, 2011 and ending on December 31st, 2012,

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 24, 2011

**NGM Insurance Company**

By: 

Katie E. Ford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935

**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.

  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

*Elkhaouli*  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*043-203-686*  
\_\_\_\_\_  
\*\*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: EIL Realty Trust / Teale SQ Auto

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

Address of taxpayer/applicant's home in Somerville: W.

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 21 day of 10, 2011. [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: \_\_\_\_\_  
# 2339      # 335029011      # 327      # \_\_\_\_\_  
# 14989

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:

**received**  
11-7-11

**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: BROADWAY PATROL INC dba Teck SA Auto  
 Address: 1284 BROADWAY  
 City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-623-9110

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other <u>gas station and repair</u>           |

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

Insurance Company Name: MA retail Merchants WC Group INC  
 Address: 10 BRITISH AMERICAN PLVD Ithaca NY 14850  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: 781-848-7652  
 Policy #: 014005032200111 Expiration Date: 1-1-12

**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: 10-26-11  
 Print Name: EL ELKHAOUJI

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

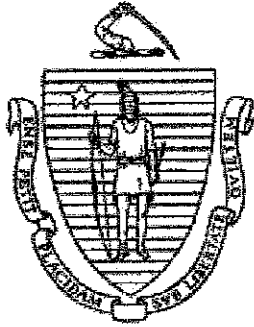
City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other

(revised Jan. 2008)

**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**

10 British American Blvd. Latham, NY 12110

**ADDRESS OF INSURANCE COMPANY**

014005032200111

1/01/2011 - 1/01/2012

**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**