

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

ABDALLAH S. MANSOUR  
258 BROADWAY  
SOMERVILLE

MA 02145

LIC #: 2011-261  
B.O.A.# 190089

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ Auto Body Work: ☐ Parking or Storing Vehicles: ☒Washing Vehicles: ☐ Spray Painting: ☐ Operating a Tow Vehicle: ☐

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$500.00 not  
later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: ELIAS & ABE AUTO REPAIR, INC.D/B/A BROADWAY TEL: 617-623-5678Company Address: 00258 BROADWAYCity: SOMERVILLE State: MA Zip: 02145

Check One:

Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency ☐ Ship ☐ Other ☐Owner Name: ABDALLAH S. MANSOUR

TEL: \_\_\_\_\_

Owner Address: 258 BROADWAYOwner City: SOMERVILLE State: MA Zip: 02145FID#: 043296767

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-261

FEE: \$500.00

This is to certify: ABDALLAH S. MANSOUR  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/23/2010

Garage situated at: 00258 BROADWAYDoing business as : ELIAS & ABE AUTO REPAIR, INC.D/B/A BROADWAY

Shall not exceed: 3 Vehicles Inside & 27 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

2 BAYS AND PARKING LOT

2011 APR -6 A 9:54  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner ☐ Occupant ☐ Holder ☒

Signature of Applicant

258 BROADWAY

Address

SOM

City

MA

State

02145

Zip

\*\* Office Use Only \*\*

Mailed

Taken ☒500-

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.

Abdullah S. Mansour  
\* Signature of Individual or Corporate Name (Mandatory)

ABDALLAH S. MANSOUR  
By: Corporate Officer (Mandatory, if a corporation)

043 29 6767  
\*\* 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: BROADWAY SUNOCO

Address of taxpayer/applicant's business in Somerville: 258 BROADWAY

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

Taxpayer/applicant's phone: day: 617 623 5678 evening: \_\_\_\_\_

I, (print name) ABDALLAH S. MANISOUL, 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<sup>th</sup> day of APRIL, 20 11. Abdallah S. Manisoul  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

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

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

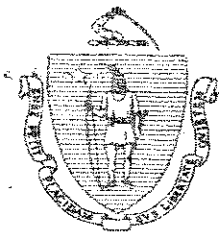
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 19655131 # 10108001 # 3201051 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP: \_\_\_\_\_

received  
UB  
4-6-11



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: ELIAS & ABE AUTO REPAIR INC d/b/a BROADWAY SUNOCO  
address: 258 BROADWAY  
city: SOM. state: MA zip: 02143 phone # 617 623 5678

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 3 employees (full & part time). ☒ Other GAS & SERVICE STATION

☒ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co. PUBLIC SERVICE MUTUAL INS. CO policy # WC 018017

☐ 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 year's 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 Abdullah S. Mansour

Date 4/6/11

Print name ABDULLAH S. MANSOUR

Phone # 617 623 5678

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)