



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2016 MAR -7 A 10:40

**Application to Renew Flammables License**

OFFICE  
SOMERVILLE, MA

**ELIAS & ABE AUTO REPAIR, INC.**  
258 BROADWAY  
SOMERVILLE MA 02145

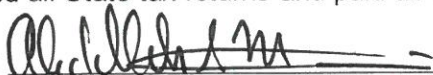
**License #:** BL15-000882  
**File #:** 15-482  
**Fee:** 605

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> BROADWAY SUNOCO <b>Business Location:</b> 258 BROADWAY <b>Business Phone:</b> 617-623-5678	
<b>License Holder:</b> ELIAS & ABE AUTO REPAIR, INC. 258 BROADWAY SOMERVILLE MA 02145	
<b>Mailing Address:</b> ELIAS & ABE AUTO REPAIR, INC. 258 BROADWAY SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation ELIAS MANSOUR ABDALLAH MANSOUR ABDALLAH MANSOUR	
<b>FID:</b> 043296767	
<b>Emergency Contact:</b> ABE MANSOUR <b>Phone:</b> 617-792-3785	
<b># of Gallons of Flammables to be Stored:</b> 27000 <b>Describe Flammables to be Stored:</b> Gasoline, waste oil, heating oil <b>Proposed Hours of Operation:</b> Not yet provided.	

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: 3/7/16

Printed Name: ABDALLAH MANSOUR Phone: 617 623 5678



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: ELIAS / ABE AUTO REPAIR, INC  
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: 617 792 3785

I, (print name) ABDALLAH MANSOOR, 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 7<sup>th</sup> day of MARCH, 2016. [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: \_\_\_\_\_

# 2063      # 101081001      # 188      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

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: ELIAS ASE AUTO REPAIR, INC d/b/a BROADWAY SUNDCO  
Address: 258 BROADWAY  
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 623 5678

- I am an employer with 4 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 SERVICE STATION

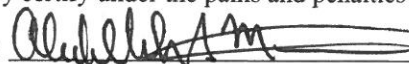
**Workers' compensation insurance information (if applicable):**

Insurance Company Name: PUBLIC SERVICE MUTUAL INS. CO.  
Address: ONE PARK AVENUE  
City: NEW YORK State: NY Zip: 10016 Phone #: 781 356 3533 (AGENT)  
Policy #: WC 018017 16 Expiration Date: 3/13/2017

**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:  Date: 3/7/16  
Print Name: ABDALLAH MANSOUR

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 \_\_\_\_\_