

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 ELKHAOULI
6 JAFFREY STREET
SAUGUS MA 01906-4444

Lic# F-211-035
B.O.A.#
Fee \$500.00

Restricted to: 23,500 Gallons Total

Restricted as follows;

AMENDED 07/21/55, 05/24/73, 12/10/92

10,000 GALS. GASOLINE 2,500 GALS. FUEL OIL TO
5,000 GALS. LOW LEAD GASOLINE STORED IN TANKER TRUCKS
4,000 GALS DIESEL FUEL ABOVE GROUND
1,000 GALS. PRODUCTS TO INCLUDE MOTOR OIL, GREASE & ANTI-FREEZE
500 GALS. FUEL OIL

AMENDED ON GARAGE LICENSE ON BOA 190346 DATED 10/28/2010 APPROVED ON
NOVEMBER 23, 2010 FUEL DELIVERIES ARE ONLY ALLOWED BETWEEN 7AM AND 7PM.

Is the holder of the license originally granted 01/09/1930
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 01284 -01286 BROADWAY
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: BROADWAY PETROLEUM, INC. TEL: 671-623-9110

Company Address: 01284 -01286 BROADWAY

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Partner
Ship ___ Other

Owner Name: ELIAS ELKHAOULI TEL: 781-233-3069

Owner Address: 6 JAFFREY STREET

Owner City: SAUGUS State: MA Zip: 01906-4086

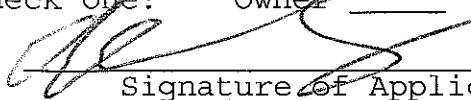
FID#: 043203686

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 ___


Signature of Applicant

6 JAFFREY ST
Address

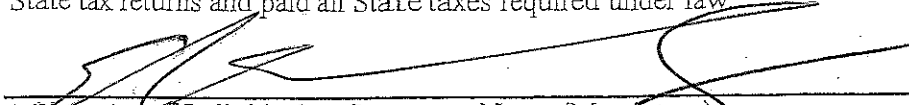
SAUGUS MA 01906
City State Zip

** 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


* Signature of Individual or Corporate Name (Mandatory)

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

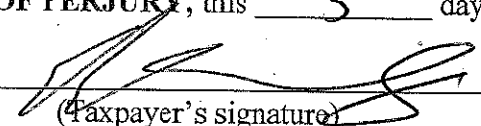
Exact name of taxpayer/applicant's business: Teale 5R Auto / Eli Realty Trust

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 5 day of 4, 20 11.

(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: _____
#03154042 #335029011 #30053387 # _____

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:





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: Tree SEA Auto BROADWAY petroleum inc
 address: 1284 BROADWAY
 city: SOMERVILLE state: MA zip: 02144 phone #: 617-623-9110

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 4 employees (full & part time). Other SERVICE STATION

I am an employer providing workers' compensation for my employees working on this job.
 company name: MA retail Merchants WC GROUP inc / First cardinal
 address: 10 BRITISH AMERICAN BLVD Latham NY
 city: Latham NY 12110 phone #: 1800-948-4850 / 781-843-0005

insurance co. FIRST CARDINAL policy # W/C 200303 B
014005032200111

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: 4-5-2011
 Print name: ELI ELKHAOUKI Phone #: 617-623-9110

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)