



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**PAST DUE**

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**GE & M AUTO SERVICE INC.  
ALEWIFE AUTOMOTIVE  
395 ALEWIFE BROOK PKWY  
SOMERVILLE, MA 02144**

License #: **880**

City #F5

Fee: **550.00**

Account ID: **25**

Reference #: **880**

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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: <b>ALEWIFE AUTOMOTIVE</b> Business Location: <b>395 ALEWIFE BROOK PKWY</b> Business Phone: <b>617-623-9615</b>	
License Holder: <b>GE &amp; M AUTO SERVICE INC. ALEWIFE AUTOMOTIVE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 617-623-9615</b>	
Mailing Address: <b>GE &amp; M AUTO SERVICE INC. ALEWIFE AUTOMOTIVE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ELIAS MIKHAEL</b> <b>SECRETARY - ELIAS MIKHAEL</b> <b>TREASURER - GEORGE MIKHAEL</b>	
FID: <b>043564703</b>	
Food Manager/Emergency Contact: <b>GEORGE MIKHAEL</b> <b>617-372-0648</b>	

2014 JUN - 5 P 2:05  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

**Originally Issued 11/14/1929, Amended 12/20/56, 9/13/90, 2/14/91. 30,000 Gals. Gasoline. 1,000 Gals. Fuel Oil. 1,000 Gals. Waste Oil. 550 Gals. Motor Oil. 400 Gals. Anti-Freeze.**

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: 6-3-14

Print Name: Elias Mikhael Phone: 617-623-9615



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: GE 3 M Auto Service Inc.

Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Pkwy

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

Taxpayer/applicant's phone: day: 617-372-0648 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 3<sup>rd</sup> day of June, 2014. Elias Michael  
(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: \_\_\_\_\_

# 334 # 3416054001 # 14 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

**received**  
**UR**  
**6-5-14**

**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: GE ? M Auto Service Inc. DBA Alewife Automotail  
Address: 395 Alewife Brook Pkwy Somerville ma. 02144  
City: Somerville State: Ma. Zip: 02144 Phone #: 617-372-0648

- ☒ I am an employer with 5 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 Station


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

Insurance Company Name: Massachusetts Retail Merchant WC Group Inc.  
Address: P.O. Box 859222 - 9222  
City: Braintree State: ma. Zip: 01285 Phone #: 1800-790-8877  
Policy #: 014005032305114 Expiration Date: 1-1-15

**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: 6-4-14  
Print Name: Elias Mikhail

*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 \_\_\_\_\_