



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

14 JAN -7 A 11:46

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**BROADWAY PETROLEUM INC
TEELE SQUARE AUTO
1284 BROADWAY
SOMERVILLE, MA 02144**

License #: 858

Fee: 550.00

Account ID: 402

Reference #: 858

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: TEELE SQUARE AUTO Business Location: 1284 BROADWAY Business Phone: 617-623-9110	
License Holder: BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144 617-623-9110	
Mailing Address: BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIAS ELKHAOULI SECRETARY - ELIAS ELKHAOULI TREASURER - ELIAS ELKHAOULI	
FID: 043203686	
Food Manager/Emergency Contact: ELIAS ELKHAOULI 781-233-3069	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

2 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

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 12-23-13

Print Name: Elias Elkhaouli Phone 617-623-9110

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, 2013 and ending on December 31st, 2014, 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, December 6, 2013

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 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Tree Service

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

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 781-233-3069 evening: 617-623-9110

I, (print name) Elias Elkhoury, 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 23 day of 12, 2014.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 1-7-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

NA # 335029011 # 303 # _____

NOTES:

CLERK'S INITIALS: @

ORIGINAL STAMP:



1-7-14

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: Broadway petroleum inc dba truck SA AUTO
Name: Elias ELKHAOU LI
Address: 1284 BROADWAY
City: SOMERVILLE **State:** MA **Zip:** 02144 **Phone #:** 617-633-9110

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

Workers' compensation insurance information (if applicable): DOWLING INS CO.
Insurance Company Name: MA Detail Merchants WCGROUP INC
Address: P.O. BOX 859222-9222 BRAintree MA 01285
City: B **State:** _____ **Zip:** _____ **Phone #:** 781-848-7652
Policy #: 014005032200113 **Expiration Date:** 1-1-14

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:** 12-23-13
Print Name: Eli ELKHAOU LI

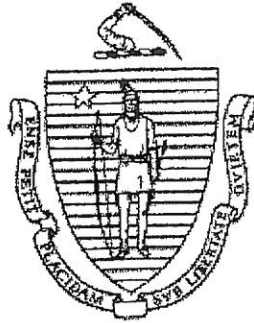
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ **Permit/License #:** _____

Contact Person: _____ **Phone #:** _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

**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

PO Box 859222-9222 Braintree, MA 01285

ADDRESS OF INSURANCE COMPANY

014005032200113

1/01/2013 - 1/01/2014

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