



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

APPLICATION TO RENEW GARAGE LICENSE

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

License #: **594**
City # **G261**
Fee: **550.00**
Account ID: **482**
Reference #: **594**

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: BROADWAY SUNOCO Business Location: 258 BROADWAY Business Phone: 617-623-5678	
License Holder: ELIAS & ABE AUTO REPAIR, INC. BROADWAY SUNOCO 258 BROADWAY SOMERVILLE, MA 02145 617-623-5678	
Mailing Address: ELIAS & ABE AUTO REPAIR, INC. BROADWAY SUNOCO 258 BROADWAY SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) SECRETARY - ABDALLAH MANSOUR TREASURER - ABDALLAH MANSOUR PRESIDENT - ELIAS MANSOUR	
FID: 043296767	
Food Manager/Emergency Contact: ABE MANSOUR 617-792-3785	

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**

OPEN TO THE PUBLIC

- | | |
|----------------------|---------------------|
| 1 MECHANICAL REPAIRS | 27 VEHICLES OUTSIDE |
| 1 STORING VEHICLES | |
| 3 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 9/23/2010. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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 3/10/14

Print 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 S MANSOUR, 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 10th day of MARCH, 20 14. Abdallah S Mansour
(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: _____

2042 # 101081001 # 161 # _____

NOTES:

CLERK'S INITIALS: W

ORIGINAL STAMP: _____

RECEIVED
3/16/14

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: ELIAS & ABE AUTO REPAIR, INC / BROADWAY SUNO CO

Address: 258 BROADWAY

City: SOMERVILLE State: MA. Zip: 02145 Phone #: 617 623 5678

- 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 / SERVICE STATION

Workers' compensation insurance information (if applicable):

Insurance Company Name: PUBLIC SERVICE INSURANCE CO.

Address: ONE PARK AVENUE

City: NEW YORK State: N.Y. Zip: 10016 Phone #: 781 356-3533 (AGENT)

Policy #: WC 018017 Expiration Date: 3/13/2015

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: 3/10/14

Print Name: ABDULLAH MANISOUR

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 _____