

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 & ABE AUTO REPAIR, INC.
258 BROADWAY
SOMERVILLE MA 02145 4444

Lic#: F-2012-027
B.O.A.#:
Fee: \$550.00

Restricted to: 27,045 Gallons Total

Restricted as follows;

AMENDED 06/13/47, 12/20/56 1/24/85

- 24,000 GALS. GASOLINE
- 1,000 GALS. WASTE OIL
- 600 GALS. MOTOR OIL
- 1,000 GALS. FUEL OIL
- 400 GALS. ANTI-FREEZE

10/21/2003 AMENDED TO NEW OWNERS DID NOT GO BEFORE THE BOARD OF ALDERMEN

Is the holder of the license originally granted 04/11/1940
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00254 -00258 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: ELIAS & ABE AUTO REPAIR, INC. TEL: 617-623-5678
Company Address: 00254 -00258 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: ELIAS & ABE AUTO REPAIR, INC. TEL: 617-623-5678
Owner Address: 258 BROADWAY

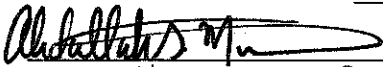
Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043296767

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ___ Occupant ___ Holder X



Signature of Applicant

258 BROADWAY

Address

SOM. MA 02145
City State Zip

** Office Use Only **

Mailed

Taken

Received: 4/9/12 - MS

\$550.⁰⁰ cl# 6363

City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 APR -4 PM 12:42

IMPORTANT

#397
REF 502

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: ELIAS I ABE AUTO REPAIR, INC. / BROADWAY SUNOCO ^{D/B/A}
 Somerville Address and Zip Code: 258 BROADWAY SOM. MA. 02145
 Phone Number of the Business: 617 623 5678

The Legal Name of the License Holder: ELIAS I ABE AUTO REPAIR INC / BROADWAY SUNOCO
 Street Address of the License Holder: 258 BROADWAY SOM. MA 02145
 City, State and Zip Code of the License Holder: _____
 Phone Number of the License Holder: 617 623 5678
 Email Address of the License Holder: _____

Where We Should Send Mail: Name: BROADWAY SUNOCO
 Street Address: 258 BROADWAY
 City, State and Zip Code: SOM. MA 02145
 Email: _____
 Phone Number: 617 623 5678

Federal ID # (Do Not Give a Social Security #): 04 329 6767

Emergency Contact and Phone (For Fire Dept. Use): ABE MANSOUR 617 792 3785 (cell)

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: ELIAS Y. MANSOUR
 Name of Secretary: ABDALLAH S. MANSOUR
 Name of Treasurer: ABDALLAH S. MANSOUR
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

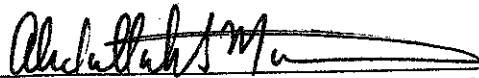
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
 -All information shown above is true and accurate.
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Abdallah S Mansour Date 4/4/12

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)

ABDALLAH S. MANSOUR

By: Corporate Officer (Mandatory, if a corporation)

04 329 6767

** 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: ELIAS & ABS AUTO REPAIR, INC.
D 1 B 1 A 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) ABDULLAH 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 4th day of APRIL, 2012. Abdullah 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 # 19655/31 Water/Sewer # 10108/001 Personal Property # 172 Other: _____

NOTES: 2001

CLERK'S INITIALS: ll

ORIGINAL STAMP: RECEIVED
4-4-12



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: ELIAS & ABE AUTO REPAIR, INC. D/B/A BROADWAY SUNOCO
 address: 258 BROADWAY
 city: SOMERVILLE state: MA zip: 02145 phone #: 617 623-5678

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 5 employees (full & part time). Other GAS & SERVICE STATION
 I am an employer providing workers' compensation for my employees working on this job.

company name: ELIAS & ABE AUTO REPAIR, INC. D/B/A BROADWAY SUNOCO
 address: 258 BROADWAY
 city: SOMERVILLE, MA 02145 phone #: 617 623-5678
 insurance co. PUBLIC SERVICE MUTUAL INS. CO. policy # WC 018017

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: Abdallah S. Mansour Date: 4/14/12
 Print name: ABDALLAH S. MANSOUR Phone #: 617 623 5678

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)