

GARAGE LICENSE APPLICATION

Application Fee \$500.00

Date

2010 OCT 19 P 1:31
CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 10-27-10
Amount Paid 500.00

New Application

For the storage of 3 vehicles inside

Renewing Application with Additions or Changes

8 vehicles outside

Renewing Application with NO Additions or Changes

Business Name: Teele SQ Auto Phone: 617-623-9110 623-9067

Business DBA Name (if applicable): BROADWAY PETROLEUM INC

Address with Zip Code: 1284 BROADWAY

Tax Identification Number: 043-203-686 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Teele SQ Auto

Address with Zip Code: 1284 BROADWAY SOMERVILLE MA 02144

Property Owner Name: Elias ELKhaoul E+L Realty Trust Phone: 617-623-9110

Address with Zip Code: 6 SAFFERY ST SAUGUS MA 01906

Emergency Contact 1: Eli ELKhaoul Phone: 617-623-9110

Emergency Contact 2: Phone: 781-233-3069

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

1. Will you be open to the public at this location? Y N
2. Will you be doing mechanical repairs of vehicles at this location? Y N
3. Will you be doing autobody work on vehicles at this location? Y N
4. Will you be spray painting vehicles or parts at this location? Y N
5. Will you be washing vehicle at this location? Y N
6. Will you be charging money to park vehicles at this location? Y N
7. Will you be storing registered vehicles at this location? Y N
8. Will you be storing unregistered vehicles at this location? Y N
9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before? Y N

If yes, list year, city and state SOMERVILLE long time same location

Have you ever been denied a garage license? CITY NEVER ASKED TO RENEW Y N

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: Gas station/repair shop & RAYS

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

Monday To Friday 8 AM to 6 PM
Saturday 8 AM to 2 PM
Sunday shop close
Gas only open

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 10-14-2010

Business Name: Tree SQ Auto dba Broadway Petroleum Inc

Business Address: 1284 Broadway Somerville MA 02144

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 3 inside
8 outside

Signature: [Signature] Date: Oct 20, 2010

Print Name: _____ Title: _____

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: _____ Date: _____

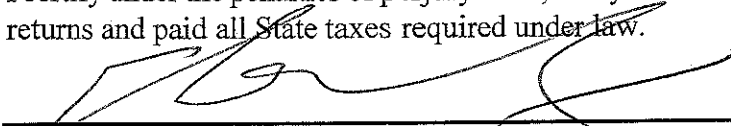
Print Name: _____ Title: _____

ALREADY HAS A CURRENT FLAMMABLES LICENSE IN PLACE

John J Long

**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)

Flias ELKhaouli

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: E+L Realty Trust
Teek SEA Auto / Dba BROADWAY
Address of taxpayer/applicant's business in Somerville: 1284 BROADWAY petroleum
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617-623-9110 evening: 781-233-3069

I, (print name) Elias Elkhaouli, 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 14 day of 10, 2010.
[Signature]
(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: _____
03154542 # 335225011 # 30053387

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: Received
10-14-10

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Broadway petroleum inc dba teal square
Address: 1284 Broadway
City: Somerville State: MA Zip: 02144 Phone #: 617-623-9110

- I am an employer with 4 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 Gas station and repair shop

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA retail merchants inc GROUP inc
Address: 10 British American Blvd Linda Gupton
City: Latham State: NY Zip: 12110 Phone #: 1800-948-4850 x1532
Policy #: 014005032200109 Expiration Date: 1-1-2011

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: 10-14-2010

Print Name: Elias Elkhaouli

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 _____