

NEW

GARAGE LICENSE APPLICATION

Application Fee \$500.00

2010 SEP -1 P 3: 04

FOR CITY CLERK'S OFFICE ONLY

Date 8/26/10

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Date Recorded 9/1/10

Amount Paid 2575

New Application

For the storage of 3 vehicles inside

Renewing Application with Additions or Changes

27 vehicles outside

Renewing Application with NO Additions or Changes

Business Name: ELIAS ABE AUTO REPAIR INC Phone: 617 623 5678

Business DBA Name (if applicable): BROADWAY SUNOCO

Address with Zip Code: 258 BROADWAY SOMERVILLE, MA 02145

Tax Identification Number: 043 29 6767 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): SAME

Address with Zip Code:

Property Owner Name: MICHAEL SAUM INC Phone:

Address with Zip Code: 705 WASHINGTON ST DEDHAM, MA 02026

Emergency Contact 1: ABE MANSOUR Phone: 617 792 3785

Emergency Contact 2: ELIAS MANSOUR Phone: 617 462 8888

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 \_\_\_\_\_

Have you ever been denied a garage license? 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: 2 BAYS + PARKING LOT

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:

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**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 8/26/10

Business Name: Elias & Abe Auto Repair Inc d/b/a BROADWAY SUNOCO

Business Address: 258 BROADWAY SOMERVILLE, MA 02145

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a BA 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  
27 outside

Signature: *[Signature]*

Date: 8/26/10

Print Name: John Driscoll

Title: Building Inspector

**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: *[Signature]*

Date: 8/27/10

Print Name: Anthony William F. Lee

Title: Acting Dep Chief

**ABUTTER PUBLIC HEARING NOTIFICATION**

Petitioner: BROADWAY SUNOCO  
Address: 258 BROADWAY  
SOMERVILLE, MA. 02145

Date: 9/1/10

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the Aldermanic Chambers or  Committee Room, City Hall, 2<sup>nd</sup> Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: WED. SEPT. 22<sup>nd</sup> 2010, at 6:00 PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: GARAGE LICENSE FOR BROADWAY SUNOCO, 258 BROADWAY, SOMERVILLE MASS. 02145 FOR MECHANICAL REPAIRS TO VEHICLES AND STORING REGISTERED AND UNREGISTERED VEHICLES, FOR THREE VEHICLES INSIDE AND 27 VEHICLES OUTSIDE.

Sincerely,

\_\_\_\_\_  
Petitioner's Signature

GIS ABUT  
SOMERVILLE, MA

Lot	Un Al Location	Grantee	Co grantees Name	Mailing Address	City	St Zip
1	248 BROADWAY	HERRERA JORGE R		248 BROADWAY	SOMERVILLE	MA 02145
2	246 BROADWAY	CRESCENZI CAROLINE A		246 BROADWAY	SOMERVILLE	MA 02145
3	244 BROADWAY	BAYVIEW LOAN SAVINGS LLC		4425 PONCE DELEON BLVD 5TH FLR	CORAL GABLES	FL 33146
4	242 BROADWAY	DEVITA MARIA P PIETRO	MARIA C MARIO L & MARIA A	242 BROADWAY	SOMERVILLE	MA 02145
5	238 BROADWAY	FIDELE LORENZO	FIDELE ADDOLORATA	238 BROADWAY	SOMERVILLE	MA 02145
7	7 MELVIN ST	MOISE JEAN K & MARLINE E		7A MELVIN ST	SOMERVILLE	MA 02143
30	163 WALNUT ST	PERRY WALTER W & EVELYN C	GOMES LORRAINE C & PERRY	161 WALNUT ST	SOMERVILLE	MA 02145
31	165 WALNUT ST	MAHER JAMES M		962 BROADWAY	SOMERVILLE	MA 02144
32	5 WELLINGTON AVE	DIMUZIO JR ANTHONY	DIMUZIO DAVID A	5 WELLINGTON AVE	SOMERVILLE	MA 02145
34	7 WELLINGTON AVE	BURNS JOANNA & JULIA TRUS	BURNS NOMINEE TRUST	7 WELLINGTON AVE	SOMERVILLE	MA 02145
35	9 WELLINGTON AVE	MCLEAN BRADLEY & MIRIAM		9 WELLINGTON AVE	SOMERVILLE	MA 02145
36	15 WELLINGTON AVE	DONOVAN THERESA A		15 WELLINGTON AVE	SOMERVILLE	MA 02145
37	17 WELLINGTON AVE	CONTARDO ANTONIA FOR LIFE	CONTARDO MICHAEL A & ANTE	17 WELLINGTON AVE	SOMERVILLE	MA 02145
40	24 WELLINGTON AVE	CARLINO AL V		24 WELLINGTON AVE	SOMERVILLE	MA 02145
41	22 WELLINGTON AVE	BUSCEMI LUIGI & DORA		22 WELLINGTON AVE	SOMERVILLE	MA 02145
42	16 MONTGOMERY AVE	TERRANOVA MARIA FOR LIFE	ESPOSITO THERESA M T REM	16 MONTGOMERY AVE	SOMERVILLE	MA 02145
43	14 MONTGOMERY AVE	LUU LUC	NGUYEN NGOC DUNG	14 MONTGOMERY AVE	SOMERVILLE	MA 02145
44	12 MONTGOMERY AVE	WILE ROSS M & BARBARA		12 MONTGOMERY AVE	SOMERVILLE	MA 02145
45	10 MONTGOMERY AVE	BEDRY ANDREA		10 MONTGOMERY AVE	SOMERVILLE	MA 02145
46	8 MONTGOMERY AVE	VAQUERANO MANUEL J	VENTURA JOSEFA	8 MONTGOMERY AVE	SOMERVILLE	MA 02145
47	6 MONTGOMERY AVE	MILLER JEANNE E		6 MONTGOMERY AVE	SOMERVILLE	MA 02145

ount: 67




**SOMERVILLE, MA**

Lo	Cut	Lot	Cut	Un	Al	Location	Grantee	Co grantee's Name	Mailing Address	City	St	Zip
14						6 WHEATLAND ST	CHRISTOPHER JOHN A	CHRISTOPHER PETER M	107 MYRTLE ST	LYNN	MA	01905
15						273 BROADWAY	SIMBOLI ANTHONY C TRUSTEE	THE MACARTHUR TRUST	80 EVERETT AVE S 319	CHELSEA	MA	02150
14						255 BROADWAY	DEL MAESTRO BROADWAY REAL		18 MAAMI ST	MALDEN	MA	02148
14	A					10 FELLSWAY WEST	EIBEIRA ELIETE A		10 FELLSWAY WEST	SOMERVILLE	MA	02145
15						257 BROADWAY	ODONNELL JANE &	BAER ANDREW S	257 BROADWAY	SOMERVILLE	MA	02145
16						259 BROADWAY	BAIROS NICOLE A		113 WASHINGTON ST	SOMERVILLE	MA	02143
17						265 BROADWAY	CORREIA JOAO V &	CORREIA MARIA N	2A ROBERTS RD	WILMINGTON	MA	01887
18						9 WHEATLAND ST	TRUST HARRINGTON REALTY	HARRINGTON TIMOTHY J & PA	9 WHEATLAND ST	SOMERVILLE	MA	02145
3						278 BROADWAY	ALVES MARIA TRUSTEE	274-278 BROADWAY ST REALT	274 BROADWAY	SOMERVILLE	MA	02145
4						7 KENNESON RD	FEHLAN WILLIAM J		10 WALNUT RD	SOMERVILLE	MA	02145
5						15 KENNESON RD	VOLPE HUGO & VIRGINIA		15 KENNESON RD	SOMERVILLE	MA	02145
6						17 KENNESON RD	MURDOCK BRIAN		17 KENNESON RD	SOMERVILLE	MA	02145
7						21 KENNESON RD	BRUM MARIO & ANA		21 KENNESON RD	SOMERVILLE	MA	02145
17						6 WALNUT RD	BROADWAL INC		300 SOMERVILLE AVE	SOMERVILLE	MA	02145
18						162 WALNUT ST	FIOCCA JOANNA J	SORIANO ANNA MARIA	162 WALNUT ST	SOMERVILLE	MA	02143
1						16 272 BROADWAY	272 BROADWAY LLC		187 WESTMINSTER AVE	WATERTOWN	MA	02472
2						268 BROADWAY	CITY OF SOMERVILLE	FIRE STATION	93 HIGHLAND AVE	SOMERVILLE	MA	02143
3						174 WALNUT ST	POTARIS IRENE	POTARIS NICHOLAS	174 WALNUT ST	SOMERVILLE	MA	02145
4						172 WALNUT ST	STENSON HOLLY N		172 WALNUT ST	SOMERVILLE	MA	02145
5						168 WALNUT ST	VIEIRA JOAO & ALINE		168 WALNUT ST	SOMERVILLE	MA	02144
6						166 WALNUT ST	DESOUZA ANTONIO & TANIA		166 WALNUT ST	SOMERVILLE	MA	02145
7						7 WALNUT RD	HARRINGTON TIMOTHY J & JO	CLEARY CAROL A & EDMOND M	9 WHEATLAND ST	SOMERVILLE	MA	02145
8						11 WALNUT RD	LIMA JUAN & DE LIMA VICTO	LIMA SALVADOR	11 WALNUT RD	SOMERVILLE	MA	02145
9						15 WALNUT RD	CAMPOS AVANI		PO BOX 423	SOMERVILLE	MA	02143
10						17 WALNUT RD	WHIPPLE JUDITH A		17 WALNUT RD	SOMERVILLE	MA	02145
11						22 KENNESON RD	LEON GEORGE J & YOLANDER		12 TAMAROCK TERRACE	SOMERVILLE	MA	02145
12						170 WALNUT ST	STENSON STEPHEN		47 LEWIS RD	STONEHAM	MA	02180
14						14 13 14 KENNESON RD	HURON BRUCE F		14 KENNESON RD UNIT 14A	BELMONT	MA	02478
14						14 13 14 KENNESON RD	YEE DENNY	TAM SANDY	14 KENNESON RD #B	SOMERVILLE	MA	02145
14						14 13 14 KENNESON RD	FOLEY DANIEL W 111		14 KENNESON RD	SOMERVILLE	MA	02145
14						14 13 14 KENNESON RD	SCALI JOSEPH A	MCCANN JR VINCENT F & CHA	14 KENNESON RD #D	SOMERVILLE	MA	02145
14						14 13 14 KENNESON RD	SOLOMON CYNTHIA		14 KENNESON RD U-14E	SOMERVILLE	MA	02145
14						14 13 14 KENNESON RD	SALERNO NICHOLAS P		14 KENNESON RD UNIT 14F	SOMERVILLE	MA	02145-295
14						34 14-14 KENNESON RD				SOMERVILLE	MA	02145-295
1						BROADWAY	COMM OF MASS	C/O DIVISION OF CAPITAL A	ONE ASHBURTON PL 15TH FL	BOSTON	MA	02108
1						2 258 BROADWAY	MICHAEL & SALIM INC		705 WASHINGTON ST	DEPHAM	MA	02026
3						250 BROADWAY	BAXTER MICHAEL J	C/O BAXTER JOSEPHINE C	34 MORELAND ST	SOMERVILLE	MA	02145
4						5 MONTGOMERY AVE	FITZGERALD JOSEPH & MARIL		5 MONTGOMERY AVE	SOMERVILLE	MA	02145
5						7 MONTGOMERY AVE	CERUNDOLO JOHN		391 HIGH ST	MEDFORD	MA	02155
6						9 MONTGOMERY AVE	GAULIN ALBERT		9 MONTGOMERY AVE	SOMERVILLE	MA	02145
7						13 MONTGOMERY AVE	DESIR NADEGE		13 MONTGOMERY AVE	SOMERVILLE	MA	02145
8						10 WELLINGTON AVE	WILSON WILLIAM V TRUSTEE	WILSON FAMILY REVOCABLE T	10 WELLINGTON AVE	SOMERVILLE	MA	02145
9						6 WELLINGTON AVE	MOURA AIDINA & JOSE		6 WELLINGTON AVE	SOMERVILLE	MA	02145
10						4 WELLINGTON AVE	COCCOLUTO SALVATORE C & M		4 WELLINGTON AVE	SOMERVILLE	MA	02145
11						2 WELLINGTON AVE	CANTAVE LEONIE	CANTAVE JEAN MARIE J	2 WELLINGTON AVE	SOMERVILLE	MA	02145
12						171 WALNUT ST	PACE PAUL V & CAROL ANN		14 WESTVIEW RD	WOBURN	MA	01801

**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)

043 29 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: 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: \_\_\_\_\_

I, (print name) ABDALLAH 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 26<sup>th</sup> day of AUGUST, 2010. Abdullah 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: \_\_\_\_\_  
# 19655131      # 10108100 | # 00910003      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: RB

ORIGINAL STAMP: **Received**  
Barry  
8-30-10



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: ELIAS & ABE AUTO REPAIR INC d/b/a BROADWAY SUNOCO

Address: 258 BROADWAY

City: SOM

State: MA

Zip: 02145 Phone #: 617 623-5678

- I am an employer with 3 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):

Insurance Company Name: PUBLIC SERVICE MUTUAL INS. CO.

Address: ONE PARK AVE

City: NEW YORK

State: N.Y. Zip: 10016 Phone #: 617 298-3910 (AGENT)

Policy #: WC-018017-10

Expiration Date: 3/13/11

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: Abdallah S. Mansour

Date: 8/26/10

Print Name: ABDALLAH S. MANSOUR

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_