

#### CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

2016 APR 25 P 3: 06

## Application to Renew Flammables License GERVILLE MA

**BROADWAY PETROLEUM INC** 1284 BROADWAY **SOMERVILLE MA 02144** 

License #:

BL15-000506

File #:

15-402

Fee:

605

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	
<b>License Holder:</b> BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144	
Mailing Address: BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144	
Business Type: Corporation ELIAS ELKHAOULI ELIAS ELKHAOULI ELIAS ELKHAOULI	
FID: 043203686	
Emergency Contact: ELIAS ELKHAOULI Phone: 781-233-3069	
# of Gallons of Flammables to be Stored: 23000 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

I hereby certify under the penalties of perjury that the following is tru	irue:	tru	IS	lowing	fol	the	that	perjury	of	penalties	the	under	certify	hereby	١
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- -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.



### City of Somerville, Massachusetts Finance Department, Treasury Division

#### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/a	applicant's business:	Tile SQ erville: 1284 BK	pto
Address of taxpayer/appl	licant's business in Some	erville: 1284 BA	ropel way
Address of taxpayer/appl	icant's home in Somerv	ille:	
Taxpayer/applicant's pho	one: day: <u>617-62</u> 3	-9//0 evening: 78/-	233-30691
I, (print name) hereby certify that all the due the City have been p and fees and is current on	e information contained aid or that the Taxpayer	herein is true and correct ar has entered into an agree	and all taxes and fees ment to pay all taxes
SIGNED UNDER THE	PAINS AND PENALT	TIES OF PERJURY, this	25 day of
,	,	(Taxpayer's sign	ature)
	CITY'S ACKNOW	VLEDGEMENT	
DATE OF ISSUANCE:	INCLUD	ES RELEVANT POSTINGS THROU	GH:
TAXES AND ACCOUN	T NUMBER(S) INCL	UDED IN CERTIFICATE	Σ:
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:
# 2400	#33502901	1# 314	#
NOTES:			
CLERK'S INITIALS: _	UR	ORIGINAL STAMP:	I Bornes
	N-11		11/15/10

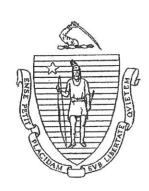
# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

#### Workers' Compensation Insurance Affidavit - General Business

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Applicant information:
Name: To Road way randomine Dba teck 50 m/2
Address: 1 & Brosel WAP
City: Sory (1/1) State: M Zip: D144 Phone #: 617-623-9/6
I am an employer with employees
Workers' compensation insurance information (if applicable):
Insurance Company Name: MA Notal Morcharts WC Gloup inc
Address:
City: Zip: Phone #:
Policy #: 8 200 116 Expiration Date: 1-1-2017
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.
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
Signature:
Print Name: El, Elthan
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
Contact Person: Phone #: Other

(revised Jan. 2008)

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

# The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017 617-727-4900 - http://www.state.ma.us/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:

N	IAME OF INSURANCE COMPANY				
PO Box 859222-9222 Braintree, M	1A 02185				
AD	DRESS OF INSURANCE COMPANY				
014005032200116		1/01/2016	- 1/01/2017		
		EFFE	CTIVE DATES		
POLICY NUMBER Dowling Insurance Agency, Inc.	PO Box 850962 Braintree, MA 02185		781-848-765		
NAME OF INSURANCE AGENT	ADDRESS		PHONE #		
Teele Square Auto	1284 Broadway Street Somerville	, MA 02144			
EMPLOYER	ADDRESS				
EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)					

#### 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