



**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**

CITY CLERK'S OFFICE  
SOMERVILLE, 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) |
|--|--|
| <b>Business/DBA Name:</b> TEELE SQUARE AUTO<br><b>Business Location:</b> 1284 BROADWAY<br><b>Business Phone:</b> 617-623-9110  |  |
| <b>License Holder:</b> BROADWAY PETROLEUM INC<br>1284 BROADWAY<br>SOMERVILLE MA 02144  |  |
| <b>Mailing Address:</b> BROADWAY PETROLEUM INC<br>1284 BROADWAY<br>SOMERVILLE MA 02144   |  |
| <b>Business Type:</b> Corporation<br>ELIAS ELKHAOULI<br>ELIAS ELKHAOULI<br>ELIAS ELKHAOULI   |  |
| <b>FID:</b> 043203686  |  |
| <b>Emergency Contact:</b> ELIAS ELKHAOULI<br><b>Phone:</b> 781-233-3069  |  |
| <b># of Gallons of Flammables to be Stored:</b> 23000<br><b>Describe Flammables to be Stored:</b> Not yet provided.<br><b>Proposed Hours of Operation:</b> Not yet provided. |  |

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: 4-25-16

Printed Name: ELI ELKHAOULI

Phone: 617-623-9110



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Tribe SQ MTO

Address of taxpayer/applicant's business in Somerville: 1284 Broad way

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-9110 evening: 781-233-3069

I, (print name) Eli Elkhaoui, 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 25 day of 4, 20 16.  
(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: \_\_\_\_\_

# 2400      # 335029011 # 314      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: AR

ORIGINAL STAMP:   
4-25-16

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: Broadway Petroleum Inc DBA TekS@ntz  
Address: 1284 Broadway  
City: Seymourville State: MA Zip: 02144 Phone #: 617-623-9116

- I am an employer with \_\_\_\_\_ 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 station + repairs

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: MA Retail Merchants WUC Group Inc  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: ~~014005032200116~~ 014005032200116 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.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: 12-25-16

Print Name: Eli Elkhand

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 \_\_\_\_\_

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:

MA Retail Merchants WC Group Inc.

|   |                                   |   |
|---|-----------------------------------|---|
| NAME OF INSURANCE COMPANY                         |                                   |   |
| PO Box 859222-9222 Braintree, MA 02185            |                                   |   |
| ADDRESS OF INSURANCE COMPANY                      |                                   |   |
| 014005032200116                                   |                                   | 1/01/2016 - 1/01/2017                     |
| POLICY NUMBER                                     |                                   | EFFECTIVE DATES                           |
| Dowling Insurance Agency, Inc.                    | PO Box 850962 Braintree, MA 02185 | 781-848-7652                              |
| NAME OF INSURANCE AGENT                           |                                   | PHONE #                                   |
| Teele Square Auto                                 |                                   | 1284 Broadway Street Somerville, MA 02144 |
| EMPLOYER  |                                   | ADDRESS                                   |
| EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY) |                                   | DATE                                      |

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