

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  
2010 APR 14 A 10:10 10 COMMONWEALTH AVE. BOSTON

**RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE**

CITY CLERK'S OFFICE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

ELIAS G. MIKHAEL  
229 CURVE STREET  
DEDHAM MA 02026 4444  
Lic#: F-2010-005  
B.O.A.#: 182439  
Fee: \$500.00

Restricted to: 32,995 Gallons Total

Restricted as follows;

AMENDED 12/20/56 AMENDED 9/13/90 AMENDED 2/14/91  
30,000 GALS. GASOLINE CONVERT FULL SERVICE PUMPS INTO  
1,000 GALS. FUEL OIL SELF-SERVICE PUMPS  
1,000 GALS. WASTE OIL 2/9/95 TRANSFERRED FROM SUN CO.  
550 GALS. MOTOR OIL INC. TO PARKWAY SERVICE  
400 GALS. ANTI-FREEZE

TRANSFFERED ON DECEMBER 14, 2006 BOA #182439

Is the holder of the license originally granted 11/14/1929 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00395 ALEWIFE BROOK PKWY 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: G E & M AUTO SERVICE D/B/A PARKWAY SUNOCO TEL: 617-623-9615  
Company Address: 00395 ALEWIFE BROOK PKWY

City: SOMERVILLE State: MA Zip: 02144

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

Owner Name: ELIAS G. MIKHAEL TEL: 617-792-2022  
Owner Address: 229 CURVE STREET

Owner City: DEDHAM State: MA Zip: 02026  
FID#: 043564703

This Application must be signed and filed with the required fee no later than April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2010 please advise this office at once.

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

Check One: Owner X Occupant \_\_\_ Holder \_\_\_

E. G. Mikhael  
Signature of Applicant

229 Curve St.  
Address

Dedham Ma. 02026  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken ✓  
Received: \$500.00 cl# 3617  
4/14/10 - ms  
City Clerk

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.

GE 3 M Auto Service Inc.  
\* Signature of Individual or Corporate Name (Mandatory)

Elias Mikhail  
By: Corporate Officer (Mandatory, if a corporation)

043-564-703  
\*\* 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: C E 3 M Auto Service
- Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Parkway
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, Elias Michael, 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<sup>th</sup> day of April, 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: \_\_\_\_\_

# 19655121      # 346054001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

**received**  
**Barrow**  
**4-14-10**

OK  
2/5

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:

**GE & M Auto Service**  
**395 Alewife Brook Parkway**  
**Somerville MA 02144**

Name:

Address:

City:

State:

Zip:

Phone #: 617-623-9615

- 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 Auto Repair / Gas station

Workers' compensation insurance information (if applicable):

Insurance Company Name:

MA. Retail Merchants WC Group Inc.

Address:

10 British American Blvd.

City:

Latham

State:

NY

Zip:

12110

Phone #:

Policy #:

01460503305110

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:

Elias Mikhail

Date:

4-14-10

Print Name:

Elias Mikhail

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 #: