

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  
1010 COMMONWEALTH AVE. BOSTON

**RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE**

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-2012-005  
B.O.A.#: 182439  
Fee: \$550.00

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 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.

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2012 MAY - 1 10 11

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 \_\_\_ Gov't Ship \_\_\_ 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, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by  
04/30/2012 please advise this office at once.

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

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

EWA  
Signature of Applicant  
229 Curve st.  
Address  
Dedham MA 02026  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: \_\_\_\_\_  
City Clerk

# IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	<u>Alewife Automotive</u>
Somerville Address and Zip Code:	<u>395 Alewife Brook Parkway 02144</u>
Phone Number of the Business:	<u>617-623-9615</u>

The Legal Name of the License Holder:	<u>Elias Michael</u>
Street Address of the License Holder:	<u>229 curve. st.</u>
City, State and Zip Code of the License Holder:	<u>Dedham Ma. 02026</u>
Phone Number of the License Holder:	<u>617-623-9615</u>
Email Address of the License Holder:	

Where We Should Send Mail: Name:	<u>Alewife Auto</u>
Street Address:	<u>395 Alewife Brook Pkwy</u>
City, State and Zip Code:	<u>Somerville, MA 02144</u>
Email:	
Phone Number:	<u>617-623-9615</u>

Federal ID # (Do Not Give a Social Security #):	<u>043-564-703</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>George 617-372-0648</u>
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: <u>Elias Michael</u>
Name of Secretary: <u>Elias Michael</u>
Name of Treasurer: <u>George Michael</u>
Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 04-23-12

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 Michael

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: GE 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, (print name) 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 28<sup>th</sup> day of

April, 20 12. Elias Michael  
(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: \_\_\_\_\_

# 329      # 346054001      # 13      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 **RECEIVED**  
UB  
5-1-30



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: GE 3 M Auto Service DBA. Alewife Automotive  
 address: 395 Alewife Brook Parkway  
 city: Somerville state: Ma. zip: 02144 phone # 617-693-9615

work site location (full address):

I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Other

I am an employer providing workers' compensation for my employees working on this job.

company name: GE 3 M Auto Service Inc.  
 address: 395 Alewife Brook Parkway  
 city: Somerville Ma. 02144 phone #: 617-693-9615  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

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 year's 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 Michael Date 4-28-12  
 Print name Elias Michael Phone # 617-693-9615

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
 (revised Sept. 2003)