

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 & ABE AUTO REPAIR, INC.
258 BROADWAY
SOMERVILLE MA 02145 4444

Lic#: F-2010-027
B.O.A.#:
Fee: \$500.00

Restricted to: 27,045 Gallons Total

Restricted as follows;

AMENDED 06/13/47, 12/20/56 1/24/85

- 24,000 GALS. GASOLINE
- 1,000 GALS. WASTE OIL
- 600 GALS. MOTOR OIL
- 1,000 GALS. FUEL OIL
- 400 GALS. ANTI-FREEZE

10/21/2003 AMENDED TO NEW OWNERS DID NOT GO BEFORE THE BOARD OF ALDERMEN

Is the holder of the license originally granted 04/11/1940
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00254 -00258 BROADWAY
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: ELIAS & ABE AUTO REPAIR, INC. TEL: 617-623-5678
Company Address: 00254 -00258 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: ELIAS & ABE AUTO REPAIR, INC. TEL: 617-623-5678
Owner Address: 258 BROADWAY

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043296767

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 ___ Occupant ___ Holder ___

Alidellah M
Signature of Applicant

258 BROADWAY
Address

SOM MA 02145
City State Zip

** Office Use Only **

Mailed _____
Taken

Received: \$ 500.00 ck# 6072
4/15/10 ms
City Clerk

CITY CLERK'S OFFICE
2010 APR 15 P 1:01

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.

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

* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

FIN 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: ELIAS / ABE AUTO REPAIR INC. d/b/a BROADWAY SUNOLO
- 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, ABDALLAH S. 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 15th day of APRIL, 2010. Abdallah S. 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 # 00910003 # _____ # _____

NOTES:

CLERK'S INITIALS: n

ORIGINAL STAMP:

received
4-15-10 K

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 IABE AUTO REPAIR INC
 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 GAS STATION / AUTO REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: PUBLIC SERVICE MUTUAL INS. CO.
 Address: ONE PARK AVENUE
 City: NEW YORK State: NY Zip: 10016 Phone #: 617 298 3910 (AGENT)
 Policy #: WC 018 017 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: Abdullah S. Mansour Date: 4-15-10
 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 #: _____

Contact Person: _____ Phone #: _____

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