

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ELIAS ELKHAOULI/E&L REALTY TRUST
6 JAFFERY STREET
SAUGUS MA 01906

LIC #: 2011-264
B.O.A.# 190346

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: ___ Parking or Storing Vehicles: X
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not
later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: TEEL SQ. AUTO TEL: 617-623-9110
Company Address: 01284 BROADWAY

City: SOMERVILLE State: MA Zip: 02144

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

Owner Name: ELIAS ELKHAOULI/E&L REALTY TRUST TEL: 781-233-3069

Owner Address: 6 JAFFERY STREET

Owner City: SAUGUS State: MA Zip: 01906

FID#: 043203686

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-264
FEE: \$500.00

This is to certify: ELIAS ELKHAOULI/E&L REALTY TRUST
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/02/2010

Garage situated at: 01284 BROADWAY

Doing business as : TEEL SQ. AUTO

Shall not exceed: 3 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:

BOA 190346 DATED 10/28/2010 APPROVED ON NOVEMBER 23, 2010

AMENDED: FUEL DELIVERIES ARE ONLY ALLOWED BETWEEN 7AM AND 7PM.

This renewal certificate must be signed by the holder of the license
Check One: Owner ___ Occupant ___ Holder ___

[Signature]
Signature of Applicant

6 Jaffery St
Address

Saugus MA 01906
City State Zip

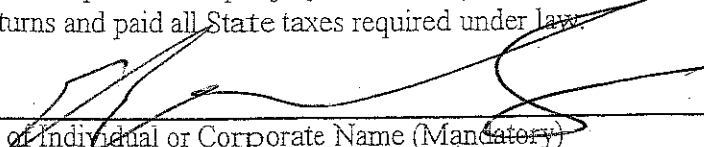
** Office Use Only
Mailbox Taken
Received:
City Clerk

2011 MAY - 2 P:12:38
CITY CLERK'S OFFICE
SOMERVILLE MA

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043-203-6861

** 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: Tree SR Auto / ETL Realty

Address of taxpayer/applicant's business in Somerville: 1784 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 Elkhouli, 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 5 day of 4, 2011. [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: _____

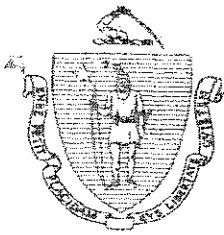
03154042 # 335029011 # 30053387 # _____

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:





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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: BROADWAY petroleum dba truck SA auto.
 address: 128 B BROADWAY,
 city: SOMERVILLE state: MA zip: 02144 phone # 617-623-9110

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 4 employees (full & part time). Other Gas station and auto repair
 I am an employer providing workers' compensation for my employees working on this job.

company name: MA retail Merchants WC GROUP INC/First cardinal
 address: 10 BRITISH AMERICAN BLVD, Latham NY,
 city: Latham NY 12110 phone #: 518-948-4850 / 781843-0005
 insurance co. First cardinal policy # 614005032200111

- 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: [Signature] Date: 4-5-2011

Print name: ELI ELKHOUTI Phone #: 617-623-9110

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

city or town: _____ permit/license # _____ Building Department

- check if immediate response is required Licensing Board
 Selectmen's Office
 Health Department
 Other _____

contact person: _____ phone #: _____

(revised Sept. 2003)