



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2015 APR -2 12:28

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Flammables License

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

License #: BL15-000882
File #: 15-482
Fee: 550

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)
Business/DBA Name: ELIAS & ABE AUTO REPAIR, INC. Business Location: 258 BROADWAY Business Phone: 617-623-5678	DBA BROADWAY SUMMIT
License Holder: ELIAS & ABE AUTO REPAIR, INC. 258 BROADWAY SOMERVILLE MA 02145	
Mailing Address: ELIAS & ABE AUTO REPAIR, INC. 258 BROADWAY SOMERVILLE MA 02145	
Business Type: Corporation ELIAS MANSOUR ABDALLAH MANSOUR ABDALLAH MANSOUR	
FID: 043296767	
Emergency Contact: ABE MANSOUR Phone: 617-792-3785	
# of Gallons of Flammables to be Stored: 27000 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: 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: 4/2/15

Printed Name: ABDALLAH MANSOUR

Phone: 617 792 3785



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ELIAS & ABE AUTO REPAIR, INC

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: 617 792 3785

I, (print name) ABDULLAH 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 2nd day of APRIL, 20 15. Abdullah 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: _____

2054 # 101081001 # 151 # _____

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:



SR
4-2-15

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 & ABE AUTO REPAIR, INC.

Address: 258 BROADWAY

City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 623 5678

- ☒ I am an employer with 4 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 & SERVICE STATION

Workers' compensation insurance information (if applicable):

Insurance Company Name: PUBLIC SERVICE INSURANCE CO.

Address: ONE PARK AVE

City: NEW YORK State: NY Zip: 10016 Phone #: 781 356 3533 (AGENT)

Policy #: WC-018017-15 Expiration Date: 3/13/16

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: Abdallah Mansour Date: 4/2/15

Print Name: ABDALLAH 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 _____