



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW FLAMMABLES LICENSE

**BROADWAY PETROLEUM INC
TEELE SQUARE AUTO
1284 BROADWAY
SOMERVILLE, MA 02144**

License #: **506**
City #F35
Fee: **550.00**
Account ID: **402**
Reference #: **506**

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: TEELE SQUARE AUTO Business Location: 1284 BROADWAY Business Phone: 617-623-9110	
License Holder: BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144 617-623-9110	
Mailing Address: BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIAS ELKHAOULI SECRETARY - ELIAS ELKHAOULI TREASURER - ELIAS ELKHAOULI	
FID: 043203686	
Food Manager/Emergency Contact: ELIAS ELKHAOULI 781-233-3069	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 1/9/1930, Amended 07/21/55, 05/24/73, 12/10/92, 11/23/10. 10,000 Gals. Gasoline. 2,500 Gals. Fuel Oil To Be Stored In Tanker Trucks. 5,000 Gals. Low Lead Gasoline. 4,000 Gals Diesel Fuel Above Ground. 1,000 Gals. Products To Include Motor Oil, Grease & Anti-Freeze. 500 Gals. Fuel Oil. Fuel Deliveries Are Only Allowed Between 7AM And 7PM.

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: 3-15-14
Print Name: ELIAS ELKHAOULI Phone: 617-623-9110



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Teke SA Auto
Address of taxpayer/applicant's business in Somerville: 1284 BROADWAY
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617-623-9110 evening: 781-233-3069

I, (print name) ELI ELKHADILI, 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 15 day of 3, 2014. [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: _____
2379 # 335029011 # 303 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

RECEIVED
3/17/14

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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Broadway Petroleum dba Tele SA Auto
 Address: 1284 Broadway
 City: Somerville State: MA Zip: 02144 Phone #: 617-623-9110

I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.

Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Gas station + repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA Retail Merchants & Group, Inc
 Address: PO BOX 859222 - 9222
 City: Braintree State: MA Zip: _____ Phone #: Douling ins agent 781-848-7652
 Policy #: 014005032200114 Expiration Date: 1-1-15

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: [Signature] Date: 3-15-14
 Print Name: ELI ELKHADOULLI

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 _____