

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ABDALLAH S. MANSOUR
258 BROADWAY
SOMERVILLE MA 02145

LIC #: 2012-261
B.O.A.# 190089

*** 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 \$550.00 not
later than April 30, 2012. 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: ELIAS & ABE AUTO REPAIR, INC.D/B/A BROADWAY TEL: 617-623-5678
Company Address: 00258 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___

Gov't Partner
Owner Name: ABDALLAH S. MANSOUR TEL: ___

Owner Address: 258 BROADWAY

Owner City: SOMERVILLE State: MA Zip: 02145

FID#: 043296767

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 04/30/2012, 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 #: 2012-261
FEE: \$550.00

This is to certify: ABDALLAH S. MANSOUR
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/23/2010

Garage situated at: 00258 BROADWAY
Doing business as : ELIAS & ABE AUTO REPAIR, INC.D/B/A BROADWAY SUNOCO
Shall not exceed: 3 Vehicles Inside & 27 Vehicles Outside, not on public ways.
in addition the following restrictions apply:
2 BAYS AND PARKING LOT

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

Check One: Owner X Occupant X Holder X

Signature of Applicant

258 BROADWAY
Address

SOM. MASS. 02145
City State Zip

** Office Use Only **

Mailed
Taken

Received: 4/4/12 -ms

\$550.00 ck# 6369
City Clerk

IMPORTANT

#482

REF 594

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: ELIAS & ABE AUTO REPAIR, INC. / BROADWAY SUNOCO
 Somerville Address and Zip Code: 258 BROADWAY SOM. MA. 02145
 Phone Number of the Business: 617 623-5678

The Legal Name of the License Holder: ELIAS & ABE AUTO REPAIR INC. / BROADWAY SUNOCO
 Street Address of the License Holder: 258 BROADWAY
 City, State and Zip Code of the License Holder: SOM. MA 02145
 Phone Number of the License Holder: 617 623 5678
 Email Address of the License Holder: _____

Where We Should Send Mail: Name: BROADWAY SUNOCO
 Street Address: 258 BROADWAY
 City, State and Zip Code: SOM. MA 02145
 Email: _____
 Phone Number: 617 623-5678

Federal ID # (Do Not Give a Social Security #): 04 329 6767

Emergency Contact and Phone (For Fire Dept. Use): ABE MANSOUR 617 792 3785 (cell)

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: ELIAS Y. MANSOUR
 Name of Secretary: ABDALLAH S. MANSOUR
 Name of Treasurer: ABDALLAH S. MANSOUR
 Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

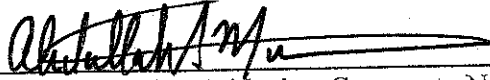
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
 -All information shown above is true and accurate.
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 4/4/12

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.



* Signature of Individual or Corporate Name (Mandatory)

ABDALLAH S. MANSOUR

By: Corporate Officer (Mandatory, if a corporation)

04 329 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.

Address of taxpayer/applicant's business in Somerville: DIBIA BROADWAY SUNOCO
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) 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 4th day of

APRIL, 2012. Abdallah S. Mansour
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

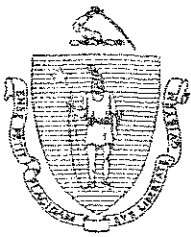
Real Estate Water/Sewer Personal Property Other: _____
19655131 # 10106700 # 172 # _____

NOTES: 2001

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP

RECEIVED
4-4-12



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: ELIAS & ABE AUTO REPAIR, INC. D/B/A BROADWAY SUNOCO
 address: 258 BROADWAY
 city: SOMERVILLE state: MA zip: 02145 phone # 617 623-5678

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 5 employees (full & part time). Other GAS & SERVICE STATION
 I am an employer providing workers' compensation for my employees working on this job.

company name: ELIAS & ABE AUTO REPAIR, INC. D/B/A BROADWAY SUNOCO
 address: 258 BROADWAY
 city: SOMERVILLE, MA 02145 phone #: 617 623-5678
 insurance co. PUBLIC SERVICE MUTUAL INS. Co. policy # WC 018 017

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 Abdallah S. Mansour Date 4/4/12
 Print name ABDALLAH S. MANSOUR Phone # 617 623-5678

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 _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)