



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Used Car Dealer License

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

License #: BL15-001095
File #: 15-482
Fee: ~~550~~ 605

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: Broadway Sunoco Business Location: 258 BROADWAY Business Phone: 617-623-5678	
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	
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 14 Proposed Hours of Operation if operating outside standard hours: Mon-Fri 8AM-2PM, Sat 8AM-2PM, Sun Closed	

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: Abdallah Mansour Date: 11/19/15

Printed Name: ABDALLAH MANSOUR Phone: 617 792 3785

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number 562213

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Elias & Abe Auto Repair, Inc. dba Broadway Sunoco

located at

258 Broadway
Somerville, MA 02145

in favor of City of Somerville, MA

for the term beginning December 31st, 2014 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, November 19, 2015

NGM Insurance Company

By. 

Katie E. Ford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



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) ABDALLAH 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 19th day of Nov., 20 15. Abdallah 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: _____

2063 # 101081001 # 188 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UB
11-19-15

*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 #: 617 792 3785

- ☐ 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 INS. CO.

Address: ONE PARK AVE

City: NEW YORK

State: NY

Zip: 10016

Phone #: 781 356 3533 (AGENT)

Policy #: WC 018017

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: Abdullah Mansour

Date: 11/19/15

Print Name: ABDULLAH 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 _____