



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAR - 7 A 10: 40

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

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

License #: BL15-000594
File #: 15-482
Fee: 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 | |
| Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: 13 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No | |

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ELIAS YABE AUTO REPAIR, INC.
BROADWAY SUNOCO

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 MANISOUR, 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 7th day of MARCH, 2016. Abdallah M
(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:

ORIGINAL STAMP: _____

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: ELIAS & ABE AUTO REPAIR, INC 61/1/16 BROADWAY SUNOCO

Name: _____

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).
 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 & SERVICE STATION

Workers' compensation insurance information (if applicable):

Insurance Company Name: PUBLIC SERVICE MUTUAL INS. CO.

Address: ONE PARK AVENUE

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

Policy #: WL 018 017 16 Expiration Date: 3/13/2017

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: 3/7/16

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 _____