

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

ELIAS & ABE AUTO REPAIR, INC.
258 BROADWAY
SOMERVILLE MA 02145 4444

Lic#: F-2011-027
B.O.A.#:
Fee: \$500.00

Restricted to: 27,045 Gallons Total

Restricted as follows;

AMENDED 06/13/47, 12/20/56 1/24/85

24,000 GALS. GASOLINE

1,000 GALS. WASTE OIL

600 GALS. MOTOR OIL

1,000 GALS. FUEL OIL

400 GALS. ANTI-FREEZE

10/21/2003 AMENDED TO NEW OWNERS DID NOT GO BEFORE THE BOARD OF ALDERMEN

Is the holder of the license originally granted 04/11/1940 for the lawful use of the building (s) or other structure situated or to be situated at 00254 -00258 BROADWAY as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: ELIAS & ABE AUTO REPAIR, INC. TEL: 617-623-5678
Company Address: 00254 -00258 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: Gov't Partner
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other

Owner Name: ELIAS & ABE AUTO REPAIR, INC. TEL: 617-623-5678
Owner Address: 258 BROADWAY

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043296767

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 please advise this office at once.

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

Check One: Owner ___ Occupant ___ Holder X

Elia & Abe
Signature of Applicant

258 BROADWAY
Address

SOM. MA 02145
City State Zip

** Office Use Only **

Mailed

Taken ✓ 500

Received: _____

City Clerk

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.

Abdullah S. Mansour

* Signature of Individual or Corporate Name (Mandatory)

ABDALLAH S. MANSOUR

By: Corporate Officer (Mandatory, if a corporation)

043 29 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: 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: _____

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 6th day of

APRIL, 2011. Abdallah S. Mansour
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

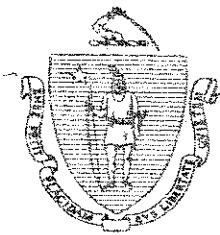
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

19655131 # 101081001 # 32011251 # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

Received
Barrow
4-6-11



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

company name:

address:

city:

phone #:

insurance co. PUBLIC SERVICE MUTUAL INS. CO policy # WIC 01B017

- ☐ 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 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

Date

Print name

Phone #

official use only do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ check if immediate response is required

contact person:
(revised Sept. 2003)

phone #:

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other