



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

ZIAD NABBOUT
13 CAVENDISH CIRCLE
SALEM, MA 01970

License #: **905**

Fee: **550.00**

Account ID: **624**

Reference #: **905**

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: PEARL STREET AUTO Business Location: 182 PEARL ST Business Phone: 617-616-5789	
License Holder: CEDARS PETROLEUM INC. PEARL STREET AUTO 182 PEARL ST SOMERVILLE, MA 02145 617-616-5789	
Mailing Address: ZIAD NABBOUT 13 CAVENDISH CIRCLE SALEM, MA 01970	<i>14 Amanda way Salem MA 01970</i>
Business Type: CORPORATION (INC. LLC) PRESIDENT - ZIAD NABBOUT SECRETARY - ZIAD NABBOUT TREASURER - ZIAD NABBOUT	
FID: 263887076	
Food Manager/Emergency Contact: TJ NABBOUT 617-462-6190	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

- 2 VEHICLES INSIDE
4 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

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: *Ziad Nabbout* Date: 12/1/2013

Print Name: ZIAD NABBOUT Phone: 617 616 5764

2014 JAN 17 A 11:35
CITY CLERK'S OFFICE
SOMERVILLE, MA

Massachusetts



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 61348314

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: May 3rd, 2012

That we, Cedar Petroleum Inc DBA Pearl Street Auto, as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at City of Somerville 93 Highland Avenue, Somerville, MA 02143

by First Class U.S. Mail.

Address

Dated this 3rd day of May, 2012.



Cedar Petroleum Inc DBA Pearl Street Auto, Principal

By:

WESTERN SURETY COMPANY, Surety

By: Paul T. Brufat
Paul T. Brufat, Senior Vice President

ROSE INSURANCE AGENCY

ATT: John

December 11, 2013

City of Somerville,

Please be advised that the Second Hand Motor Vehicle Dealer Bond #613483614 issued to Cedar Petroleum Inc dba Pearl Street Auto is a continuous bond which is paid in full until 5/3/14.

If you have any further questions, please feel free to contact me.

Sincerely,

Rhonda Andler

Rhonda B. Andler



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Cedars Petroleum Inc

Address of taxpayer/applicant's business in Somerville: 180 Pearl St Somerville

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 978 979 1718 evening: 617 616 5764

I, (print name) Zia Nabbut, 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 13th day of December, 2013. [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: _____

N/A # 105112001 # 930 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED
1/17/14

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: Codans Petroleum inc
 Address: 180 Pearl St
Somerville
 City: _____ State: MA Zip: 02143 Phone #: 617 616 5764

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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National
 Address: Agent Roxinswane 180 Genese St
 City: N Hartford State: NY Zip: 13413 Phone #: 978 745 6464
 Policy #: 444 7694 Expiration Date: 8/2/2014

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: _____ Date: 12/13/13
 Print Name: Ziad Nabhouf

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 _____

(revised Jan. 2008)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2013

PRODUCER (978) 745-6464
Rose Insurance
66 Loring Avenue
P.O. Box 958
Salem MA 01970-

INSURED
Cedars Petroleum, Inc.
180-192 Pearl Street
Somerville MA 02143-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Utica National	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GAC 4408561	03/01/2013	03/01/2014	EACH OCCURRENCE	\$ 1000000
				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
				/ /	/ /	MED EXP (Any one person)	\$ 5000
				/ /	/ /	PERSONAL & ADV INJURY	\$ 1000000
				/ /	/ /	GENERAL AGGREGATE	\$ 3000000
				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 3000000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GAC 4408561	03/01/2013	03/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$
				/ /	/ /	BODILY INJURY (Per person)	\$ 1000000
				/ /	/ /	BODILY INJURY (Per accident)	\$ 3000000
				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
A		GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	GAC 4408561	03/01/2013	03/01/2014	AUTO ONLY - EA ACCIDENT	\$ 1000000
						OTHER THAN EA ACC	\$ 1000000
						AUTO ONLY AGG	\$ 3000000
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$		/ /	/ /	EACH OCCURRENCE	\$
				/ /	/ /	AGGREGATE	\$
				/ /	/ /		\$
				/ /	/ /		\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	4447694	08/27/2013	08/27/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
				/ /	/ /	E.L. EACH ACCIDENT	\$ 100000
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100000
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500000
		OTHER		/ /	/ /		130,000
				/ /	/ /		
				/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

(617) 591-3298 () -
City of Somerville

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Andrea Condit