



Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Y\_\_ N\_\_<sup>x</sup>

Is your principal business the sale of new motor vehicles? Y\_\_ N\_\_<sup>x</sup>

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract? N/A Y\_\_ N\_\_

If yes, provide the name of the manufacturer(s): N/A

Is your principal business the buying and selling of second hand motor vehicles? Y<sup>x</sup> N\_\_

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location? Y<sup>x</sup> N\_\_

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼? Y<sup>x</sup> N\_\_

If yes, provide the name of the repair facility: Cedar's Petroleum

Is your principal business that of a motor vehicle junk dealer? Y\_\_ N\_\_<sup>x</sup>

Have you ever obtained a license to deal in second hand motor vehicles or parts? Y\_\_ N\_\_<sup>x</sup>

If yes, list year, city and state

Have you ever been denied a license to deal in second hand motor vehicles or parts? Y\_\_ N\_\_<sup>x</sup>

If yes, list year, city and state

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended? Y\_\_ N\_\_<sup>x</sup>

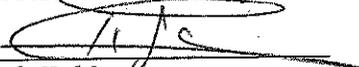
If yes, list year, city and state

Describe all of the premises to be used in the business: 182 Pearl Street, gas station, Somerville Massachusetts.

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date 2/28/11

Business Name: Ziad Nabbout Cedar's Petroleum, Inc.

Business Address: 182 Pearl Street, Somerville, MA 02143

**FOR NEW APPLICANTS:**

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a \_\_\_\_\_ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: 2 inside  
4 outside

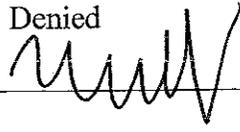
Signature:  Date: March 3, 2011

Print Name: EDDIE NORZE Title: Superintendent

**POLICE DEPARTMENT RECOMMENDATION:**

The Chief of Police recommends that the application be

- Approved
- Denied

Signature:  Name and Title: Chief of Police Thomas Isaacson

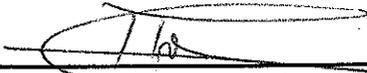
**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

Cedar/s Petroleum, Inc.

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\*Signature of Individual or Corporate Name (Mandatory)



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By: Corporate Officer (Mandatory, if a corporation)      Ziad Nabbout

263-88-7076

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\*\*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: Cedar's Petroleum, d/b/a Pearl Street Auto

Address of taxpayer/applicant's business in Somerville: 182 Pearl Street,

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) Ziad Nabbout, 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** 28th **day of**  
February, 20 11

(Taxpayer's signature)

Ziad Nabbout

**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: \_\_\_\_\_  
# 89000189      # 10512001      # NO ACC      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

**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: Cedar's Petroleum, Inc.

Address: 182 Pearl Street

City: Somerville State: MA Zip: 02143 Phone #: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \*\*See attached policy

Address: \_\_\_\_\_

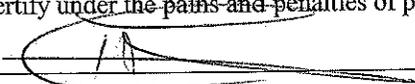
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: 2/28/11

Print Name: Ziad Nabbout

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**The Travelers Indemnity Company and its Affiliates**  
**Workers Compensation Insurance Proposal for: CEDARS CORP**

**IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

**THIS PROPOSAL/QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OF COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.**

TOTAL DEPOSIT AMOUNT DUE\*: \$774

Underwritten By:  
The Travelers Indemnity Company and its Affiliates

Acknowledged and Accepted By:

  
(Signature of the Insured)

On 1-20-11  
(Date)

*The Travelers has been in the business for over 140 years and has established itself in the marketplace as a financially stable company that you can rely on. You can feel confident knowing that your business will be protected in the event of a loss.*

*Our highly qualified team of professionals, including our sales force, underwriters, risk control consultants and claim professionals, know their business well and will provide you with the no-hassle service you expect from your insurance carrier.*

*Our dedicated, knowledgeable claim professionals are committed to providing you with exceptional claim service 24 hours a day, 365 days a year. Simply call us directly using our toll-free claim reporting number, 800.238.6225, and your loss will be handled in a fast and efficient manner so you can get back to running your business.*

\*A rate change request may be under consideration by the proper regulatory authority which may result in final rates different from the rates and premium shown above.

Created on 01/20/2011 by R HADDAD INSURANCE AGENC

All premiums for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.