

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

ZIAD NABBOUT
 13 CAVENDISH CIRCLE
 SALEM MA 01970

LIC #: 2012-242
 B.O.A.# 190805

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:
 Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
 This Certificate must be signed and filed with the required fee of \$550.00 not
 later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
 records below. Please print or type your information, except for signature.

Company Name: CEDAR PETROLEUM, INC.D/B/A PEARL STREET AUT TEL: 978-979-1718
 Company Address: 00182 PEARL ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
 Ship Other
 Owner Name: ZIAD NABBOUT TEL: 617-625-8501
 Owner Address: 13 CAVENDISH CIRCLE

Owner City: SALEM State: MA Zip: 01970
 FID#:

This renewal is being sent to you as a courtesy, please file on time. If this
 renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
 MONDAY-FRIDAY: 08:00 AM-06:00 PM
 SATURDAY: 08:00 AM-02:00 PM
 SUNDAY: CLOSED

Very truly yours,

John J. Long
 City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
 -- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-242
 FEE: \$550.00

This is to certify: ZIAD NABBOUT
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 07/13/2006

Garage situated at: 00182 PEARL ST
 Doing business as : CEDAR PETROLEUM, INC.D/B/A PEARL STREET AUTO SALES
 Shall not exceed: 2 Vehicles Inside & 4 Vehicles Outside, not on public ways
 in addition the following restrictions apply:

THE OWNER IS TO KEEP CUSTOMERS' VEHICLES AWAY FROM THE ABUTTING
 DRIVEWAY.

2012 APR 30 A 10:06
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license
 Check One: Owner ✓ Occupant Holder

[Signature]
 Signature of Applicant
13 Cavendish circle
 Address
Salem Ma 01970
 City State Zip

** Office Use Only **

Mailed
 Taken ✓

Received: 4/30/12 - MS
\$550.00 ck# 1150
 City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	PEARL Street Auto
Somerville Address and Zip Code:	180 PEARL Street, Somerville, MA 02145
Phone Number of the Business:	617 616 5789

The Legal Name of the License Holder:	Cedars Petroleum inc
Street Address of the License Holder:	180 PEARL Street
City, State and Zip Code of the License Holder:	Somerville, MA, 02145
Phone Number of the License Holder:	616 616 5789
Email Address of the License Holder:	Ziad ta@hotmail.com


Where We Should Send Mail: Name:	ZIAD NABBOUT
Street Address:	13 Cavendish Circle
City, State and Zip Code:	Salem, MA, 01970
Email:	Ziad ta@hotmail.com
Phone Number:	978 979 1718

Federal ID # (Do Not Give a Social Security #):	263 88 7076
---	-------------

Emergency Contact and Phone (For Fire Dept. Use):	617 462 6190 (TJ)
---	-------------------

Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: ZIAD NABBOUT
Name of Secretary: ZIAD NABBOUT
Name of Treasurer: ZIAD NABBOUT
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date: 4/11/12

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.



* Signature of Individual or Corporate Name (Mandatory)

ZIAD NABBOUF

By: Corporate Officer (Mandatory, if a corporation)

263 88 7076

** 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.



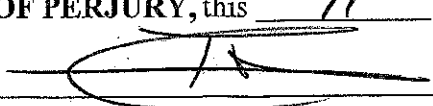
City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Cedars Petroleum inc
Address of taxpayer/applicant's business in Somerville: 180 Pearl Street, Somerville, 02145
Address of taxpayer/applicant's home in Somerville: 13 Cavendish Way, Salem, MA, 01970
Taxpayer/applicant's phone: day: 617 616 5789 evening: 978 979 1718

I, (print name) ZIAD NARBOUT, 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 11 day of April, 2012.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

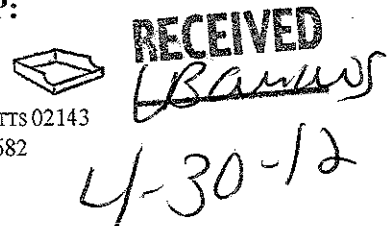
DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
11665 # 105/12001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:





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: Cedars Petroleum Inc

address: 180 Pearl Street

city: Somerville state: MA zip: 02145 phone #: 6176165785

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 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: Utica National

address: P.O. Box 6532

city: Utica, NY 13504 phone #: 800473-8674

insurance co. policy #: 4447694

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: [Signature] Date: 4/11/12

Print name: EIAO NABBOU Phone #: 9789791718

Official use only section with fields for city or town, permit/license #, contact person, phone #, and checkboxes for Building Department, Licensing Board, Selectmen's Office, Health Department, and Other.