



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Garage License

TJ NABBOUT
14 AMANDA WAY
SALEM MA 01970

License #: BL15-000741
File #: 15-624
Fee: 550

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: TJ NABBOUT Business Location: 182 PEARL ST Business Phone: 617-616-5789	<i>SAME</i> <i>PEARL ST AUTO</i>
License Holder: TJ NABBOUT 14 AMANDA WAY SALEM MA 01970	<i>TJ Nabbout</i> <i>182 Pearl St, Somerville MA 02143</i>
Mailing Address: TJ NABBOUT 14 AMANDA WAY SALEM MA 01970	<i>TJ Nabbout</i> <i>182 Pearl St, Somerville MA 02143</i>
Business Type: Corporation ZIAD NABBOUT ZIAD NABBOUT ZIAD NABBOUT	<i>Toufic Nabbout</i> <i>Toufic Nabbout</i>
FID: 263887076	<i>Same</i>
Emergency Contact: TJ NABBOUT Phone: 617-462-6190	<i>Same</i>
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 2 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	<i>4</i> <i>2015 APR 30 A 9:41</i> <i>CITY CLERK'S OFFICE</i> <i>SOMERVILLE, MA</i>

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: _____

Date: _____

Printed Name: _____

Phone: _____

Toufic Nabbout

6174626190



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: 172 Pearl St, Somerville, Ma
Address of taxpayer/applicant's home in Somerville: Same
Taxpayer/applicant's phone: day: 617 616 5789 evening: 617 462 6190

I, (print name) _____, 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 _____ day of _____, 20_____.
(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: _____

11948 # 105117001 # 912 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
URB
4-30-15

*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: Cedars Petroleum Inc
Address: 182 Pearl St
City: Somerville State: Ma Zip: 02143 Phone #: 6176165789

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National
Address: 66 Long Ave
City: Salem State: Ma Zip: 01970 Phone #: 978-745-6464
Policy #: 4447694 Expiration Date: 8/27/15

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: [Signature] Date: 7/30/15
Print Name: Toufic Nasbouch

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 _____