



RENEWING GARAGE LICENSE
RESUBMITTED 6/9/11
TO BOA PER CONDITIONS.

JJC

CITY OF SOMERVILLE, MASSACHUSETTS

BOARD OF ALDERMEN

Docket # 190805

License/Permit
Garage License - New

Regular Meeting 3/10/2011
Item ID 3095

SUMMARY: New Garage License, Cedars Petroleum, 182 Pearl St., Mechanical repairs only, 2 autos inside, 4 outside.

COMPLETE TEXT:

See Attachment.

RESULT: APPROVED WITH CONDITIONS

Approved for 90 days only with the following conditions:

1. Operating hours of the business are to be daily 7 AM - 10 PM, and fuel deliveries are only permitted during those hours.
2. The neighbor's fence is to be repaired.
3. The owner is to keep customers' vehicles away from the abutter's driveway.

ADOPTED BY THE BOARD OF ALDERMEN OF THE CITY OF SOMERVILLE,
MASSACHUSETTS, AT A REGULAR MEETING ON THE 10th DAY OF MARCH, 2011.

ATTEST:

John J. Long, City Clerk

GARAGE LICENSE APPLICATION

JAN 26 12:46
CITY CLERK'S OFFICE
Salem, MA

Application Fee \$500.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

Date _____

New Application

For the storage of 2 vehicles inside

Renewing Application with Additions or Changes

4 vehicles outside

Renewing Application with NO Additions or Changes

Business Name: Cedars Petroleum Phone: 978 979 1718

Business DBA Name (if applicable): _____

Address with Zip Code: ~~13 Cavendish Circle~~ 182 PEARL ST

Tax Identification Number: 263887076 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Ziad Nabbout

Address with Zip Code: 13 Cavendish Circle, Salem, MA 01970

Property Owner Name: Ziad Nabbout Phone: 978 979 1718

Address with Zip Code: 13 Cavendish Circle, Salem, MA 01970

Emergency Contact 1: Tony Musa Phone: 781 820 9935

Emergency Contact 2: Salim Louche Phone: 978 569 3064

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Ziad Fouad Nabbout

Address with Zip Code: 13 Cavendish Circle Salem MA 01970

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Ziad Fouad Nabbout

Address with Zip Code: 13 Cavendish Circle Salem MA 01970

Partner's/Member's/Secretary's Name: Ziad Fouad Nabbout

Address with Zip Code: 13 Cavendish Circle Salem MA 01970

Partner's/Member's/Treasurer's Name: Same

Address with Zip Code: Same

1. Will you be open to the public at this location? Y N
2. Will you be doing mechanical repairs of vehicles at this location? Y N
3. Will you be doing autobody work on vehicles at this location? Y N
4. Will you be spray painting vehicles or parts at this location? Y N
5. Will you be washing vehicle at this location? Y N
6. Will you be charging money to park vehicles at this location? Y N
7. Will you be storing registered vehicles at this location? Y N
8. Will you be storing unregistered vehicles at this location? Y N
9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before? Y N

If yes, list year, city and state Salem, MA; Hyde park man

Have you ever been denied a garage license? 8 years + 2 years Y N

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N

If yes, list year, city and state NA

Describe all of the premises to be used in the business: _____

The hours of operation for garages 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 April 30, 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: [Signature] Date 1/17/2011

Business Name: Cedars Petroleum

Business Address: 182 Pearl St Somerville Ma

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

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

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 2 inside
4 outside

Signature: [Signature] Date: Jan 19, 2011

Print Name: Ernie Nuzzo Title: Superintendent

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

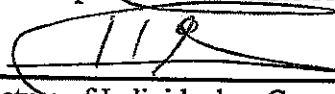
- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 1/21/11

Print Name: VINCENT P. McLAUGHLIN Title: LT.

**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)

By: Corporate Officer (Mandatory, if a corporation)

**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: Ziad Fouad Nabbout

Address of taxpayer/applicant's business in Somerville: 13 Cavendish Circle Somerville 01970

Address of taxpayer/applicant's home in Somerville: 182 Pearl St, Somerville

Taxpayer/applicant's phone: day: 978 979 1718 evening: Same

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 Monday ^{17th} day of

January, 20 11. [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: _____

89000189 # 105112001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
Barais

1-26-11

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: Zied Fouad Nabbout

Address: 180-182 Pearl St

City: Somerville State: Ma Zip: 02145 Phone #: 978 979 1718

- | | | |
|--|----------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <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 <u>Gas station</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

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 year's 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: _____

Print Name: _____

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 _____

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

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.