

2 AUTOS IN
4 AUTOS OUT

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date 10/26/2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 11-8-11

Amount Paid 550.00

New Application

Check one: Class 1 Class 2 Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: Pearl Street Auto Phone: 6176165789

Business Location (with Zip Code): 180 pearl street, Somerville, Ma, 02143

Applicant's Legal Name: Cedars Petroleum inc

Applicant's Address (with Zip Code): 180 pearl street, Somerville Ma, 02143

Applicant's Email Address: Ziad.tale@hotmail.com

Applicant's Federal Employer Identification Number: 263-88-7076

Mailing Name (where we should send correspondence to): Same as above

Mailing Address (with Zip Code): Same as above

Emergency Contact: Ziad Nabbout Phone: 9789791718

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: N/A

STREET ADDRESS

Address with Zip Code: _____

CITY, STATE, ZIP CODE

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

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

Address with Zip Code: 13 Cavendish Circle, Somerville, Ma, 01870

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

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: Ziad Nabbout

Address with Zip Code: _____

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y N

Is your principal business the sale of new motor vehicles?

Y N

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?

Y N

If yes, provide the name of the manufacturer(s): _____

Is your principal business the buying and selling of second hand motor vehicles?

Y N

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y N

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N 1/4?

Y N

If yes, provide the name of the repair facility: Cedars Petrolane Inc 180 pearl st

Is your principal business that of a motor vehicle junk dealer?

Y N

Have you ever obtained a license to deal in second hand motor vehicles or parts?

Y N

If yes, list year, city and state 2011, Salem, Ma, 01970

Approved Oct, 24/2011

Have you ever been denied a license to deal in second hand motor vehicles or parts? Y N

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

If yes, list year, city and state _____

Describe all of the premises to be used in the business: Repair Shop, Small Office
State inspection Bay, gas Pumps,

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:

NO different hours required.

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: John Date 10/26/2011
Business Name: Cedars Petrolay Inc, D/B/A pearlstreet Auto
Business Address: 180 pearl st, 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: _____ inside
_____ outside

Signature: _____

Date: _____

Print Name: _____

Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

Approved
 Denied

Signature: _____ Name and Title: _____

MASSACHUSETTS USED CAR DEALER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we,
Cedars Petroleum Inc. DBA Pearl Street Auto Sales

of 180-182 Pearl St
as Principal, and

Somerville, MA 02143

NGM Insurance Company

220 Salina Meadows Pkwy Ste200

Syracuse, NY 13221-4742

authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto
City of Somerville City Hall 93 Highland Ave Somerville, MA 02143

as Obligee, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand and 00/100

(\$ 25,000.00), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly be these presents.

Whereas the said Principal is a Dealer having an established place of business at

180-182 Pearl St

Somerville, MA 02143

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

Now, therefore, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

- Section 1. Recovery Against this bond may be made by any natural person who obtains a final judgment in court against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one year after the event giving rise to the cause of action.
- Section 2. Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to be prima facie evidence of compliance with this requirement of notice).
- Section 3. The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Obligee and this bond shall be deemed cancelled.

Effective this 22nd day of March, 2011.

Witness



Cedars Petroleum Inc. DBA Pearl Street Auto Sales

(Seal)

By



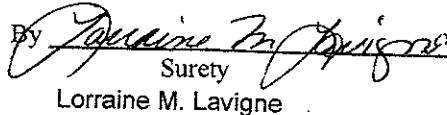
Principal

Witness



NGM Insurance Company

(Seal)

By 
Surety
Lorraine M. Lavigne

Attorney-in-Fact

**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 Nab Bout

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 DBA Pearlst Auto

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

Address of taxpayer/applicant's home in Somerville: 13 Caland's Circle, Somerville, MA 02199

Taxpayer/applicant's phone: day: 6176165799 evening: 9789791718

I, (print name) Ziad Naboulsi /cedars petroleum, 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 Tuesday ²⁵ day of

October

, 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: _____

11665 # 105112001 # _____

NOTES:

UR

CLERK'S INITIALS: _____

ORIGINAL STAMP:



RECEIVED
USamaw
11-8-11

**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: Cedars Petroleum Inc, D/B/A Pearl Street Auto
Address: 180 Pearl Street
City: Somerville State: MA Zip: 02143 Phone #: 617 616 5789

I am an employer with 3 employees Business Type: Retail
(full and/or part time). Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no Office and/or Sales (real estate, auto, etc.)
employees. Nonprofit
 We are a corporation that has exercised our right of Entertainment
exemption per c152 s1(4), and have no employees. Manufacturing
 We are a nonprofit organization staffed by Health Care
volunteers and have no employees. Other Repair Shop, Auto repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: UTICA NATIONAL INSURANCE GROUP
Address: 180 Genesee Street Agent Bob insurance
City: New Hartford State: NY Zip: 13413 Phone #: 978 745 6464
Policy #: 4447694 Expiration Date: 8/27/2012

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: 10/26/2011

Print Name: Z. A. Abbott

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 #: _____