



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

ZIAD NABBOUT
13 CAVENDISH CIRCLE
SALEM, MA 01970

License #: **905**
Fee: **550.00**
Account ID: **624**
Reference #: **905**

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: For PEARL STREET AUTO Business Location: 182 PEARL ST Business Phone: 617-616-5789	
License Holder: CEDARS PETROLEUM INC. PEARL STREET AUTO 182 PEARL ST SOMERVILLE, MA 02145 617-616-5789	
Mailing Address: ZIAD NABBOUT SALEM, MA 01970	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ZIAD NABBOUT SECRETARY - ZIAD NABBOUT	<i>13 Cavendish Circle Salem Ma 01970</i>
FID: 263887076	
Food Manager/Emergency Contact: ZIAD NABBOUT 978-979-1718	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

- 6 VEHICLES
- 2 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

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 11/26/12
Print Name: ZIAD NABBOUT Phone 978 979 1718

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: PEARL Street Auto
Somerville Address and Zip Code: 180-182 Pearl St, 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: 180-182 Pearl Street
City, State and Zip Code of the License Holder: Somerville, Ma 02145
Phone Number of the License Holder: 617 616 5789

Where We Should Send Mail: Name: 180-182 Pearl St
Street Address: Somerville, Ma
City, State and Zip Code: 02145

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

Emergency Contact and his/her Phone Number: Tj Nabbut 617 462 6190

Type of Business (Check Only One and Print the Names Indicated):
Sole Proprietor: Name of Owner: _____
Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: N/A
Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
Corporation: Name of Corporation: Cedars Petroleum inc
Name of President: Zi'AD Nabbut
Name of Secretary: Zi'AD Nabbut Name of Treasurer: Zi'AD Nabbut
LLC: Name of LLC: _____
Names of All Managers: N/A
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 12/3/12



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: 180 Pearl St, Somerville, MA 02145

Address of taxpayer/applicant's home in Somerville: Same

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

I, (print name) Ziad Nabkout, 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 03rd day of December, 2012.
[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: _____

11737 # 1051/2001 # 940 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Cedars Petroleum Inc
 Address: 180 Pearl St
 City: Somerville State: Ma Zip: 02145 Phone #: 6176165789

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Citica National
 Address: Loring Ave (Agent)
 City: Salem State: Ma Zip: 01970 Phone #: 978 745 6464
 Policy #: 4447694 Expiration Date: 8/27/2013

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: 12/3/12
 Print Name: G. A. Nabholz

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2012

PRODUCER (978) 745-6464
Rose Insurance
66 Loring Avenue
P.O. Box 958
Salem MA 01970-

INSURED
Cedars Petroleum, Inc.
180-192 Pearl Street
Somerville MA 02143-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Utica National	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GAC 4408561	03/01/2012	03/01/2013	EACH OCCURRENCE	\$ 1000000
				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
				/ /	/ /	MED EXP (Any one person)	\$ 5000
				/ /	/ /	PERSONAL & ADV INJURY	\$ 1000000
				/ /	/ /	GENERAL AGGREGATE	\$ 3000000
				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 3000000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GAC 4408561	03/01/2012	03/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$
				/ /	/ /	BODILY INJURY (Per person)	\$ 1000000
				/ /	/ /	BODILY INJURY (Per accident)	\$ 3000000
				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
A		GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	GAC 4408561	03/01/2012	03/01/2013	AUTO ONLY - EA ACCIDENT	\$ 1000000
						OTHER THAN EA ACC	\$ 1000000
						AUTO ONLY: AGG	\$ 3000000
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE	\$
				/ /	/ /	AGGREGATE	\$
				/ /	/ /		\$
				/ /	/ /		\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	4447694	08/27/2012	08/27/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
				/ /	/ /	E.L. EACH ACCIDENT	\$ 100000
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100000
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500000
		OTHER		/ /	/ /		130,000
				/ /	/ /		
				/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

(617) 591-3298 () -

City of Somerville

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Rhonda B. Andler