



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

APPLICATION TO RENEW GARAGE LICENSE

ZIAD NABBOUT
14 AMANDA WAY
SALEM, MA 01970

License #: 741
City #G242
Fee: 550.00
Account ID: 624
Reference #: 741

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: 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 14 AMANDA WAY SALEM, MA 01970	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ZIAD NABBOUT SECRETARY - ZIAD NABBOUT TREASURER - ZIAD NABBOUT	
FID: 263887076	
Food Manager/Emergency Contact: TJ NABBOUT 617-462-6190	

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**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 2 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 7/13/2006, Customers' Vehicles Must Be Kept Away From The Abutter's Driveway. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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

Print Name: ZIAD NABBOUT

Phone

4/4/14
617 462 6190



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: 182 Pearl Street

Address of taxpayer/applicant's home in Somerville: 14 Amanda way Salem MA 01970

Taxpayer/applicant's phone: day: 617 616 5789 evening: 617 462 6190

I, (print name) Zita D. Mabbout, 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 4th day of April, 20 14. [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: _____

11854 # 105112001 # N/A # _____
89000189

NOTES:

CLERK'S INITIALS: M.M.

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: 190 Pearl Street
City: Somerville State: MA Zip: 02143 Phone #:

- I am an employer with 2 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National
Address: 180 Genesee St
City: N Hartford State: NY Zip: 13413 Phone #: 978456464
Policy #: 4447694 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 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:

Print Name: Toufic Nabbout / Ziad Nabbout

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