

December 27, 2022

Via Federal Express
Priority Overnight Delivery

Attn: Donna Donovan
Select Board Office
Natick Town Hall
13 East Central Street
Natick, MA 01760

Re: Lucid Group USA, Inc.;
Auto Dealer License Renewal Application - Class 1 Sale of New Motor Vehicles;
License No.: 2022:CLI-12

Dear Donna,

Please see attached the following documents required for Lucid Group USA, Inc. to apply for a renewal license as a Motor Vehicle Dealer for the location, 1245 Worcester Street, Suite 3210, Natick, MA 01760:

1. Auto Dealer License Renewal Application – Class 1 Sale of New Motor Vehicles; and
2. Workers' Compensation Insurance Affidavit with Certificate of Liability Insurance.

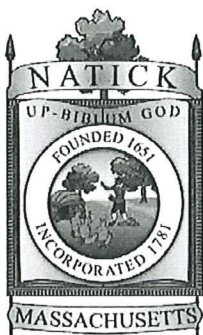
The check in the amount of \$200 for the renewal fee payable to the Town of Natick will follow separately ASAP – please renew.

If you need to reach me, please do not hesitate to contact me either by cell at 408-427-1606 or via email at ingridrobertson@lucidmotors.com.

Thank you!!



Ingrid Robertson
Senior Paralegal



Office Use Only:

Date Pmt Rec'd: _____ Fee Paid: \$ _____ Check No: _____

TOWN OF NATICK

AUTO DEALER LICENSE RENEWAL APPLICATION

(Type or print clearly; illegible applications will not be accepted)

For Calendar Year: 2023

Date Submitted: _____

The undersigned hereby applies for renewal of an Auto Dealer's License in accordance with the provisions of the Statutes relating thereto (Massachusetts General Laws, Chapter 140, Sections 57-69):

<input checked="" type="checkbox"/> <u>Class I</u>	<u>Sale of New Motor Vehicles</u>	<u>Fee: \$200</u>
<input type="checkbox"/> <u>Class II</u>	<u>Sale of Used Motor Vehicles</u>	<u>Fee: \$200</u>
<input type="checkbox"/> <u>Class III</u>	<u>Motor Vehicle Junk License</u>	<u>Fee: \$150</u>

Name of Person, Firm, or Corporation Making Application (Licensee):

Lucid Group USA, Inc.

Name of Establishment (d/b/a) _____

Address of Establishment 1245 Worcester Street, Suite 3210, Natick, MA 01760

Mailing address (if different from establishment) _____

Attn: Legal Dept., 7373 Gateway Boulevard, Newark, CA 94560

Contact Person (to whom **ALL** licensing information will be sent, **including renewal notice and license**)

Ingrid Robertson, Attn: Legal Dept., 7373 Gateway Blvd., Newark, CA 94560

Email Address legal@lucidmotors.com Phone 408-427-1606

Maximum number of vehicles: 0

Dealer Plate(s): yes X no _____ Number of Dealer Plates 15

List Plate Registration Numbers: _____

Has any license issued to you under MGL Chapter 140 or 90, Sec. 5 ever been suspended or revoked? Yes _____
no X

Have any complaint(s) been registered with the Attorney General's office concerning your dealership within the past year? Yes _____ no X If yes, please attach an explanation of the complaint(s) and the result of the complaint(s).

Used Vehicle Record Book In Compliance with RMV, Section 62 yes _____ no X - Class I New Motor Vehicles


I, the Undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

Tax Attestation: Furthermore, Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Applicant or Corporate Officer

Gagan Dhingra

Signature of Applicant or Corporate Officer

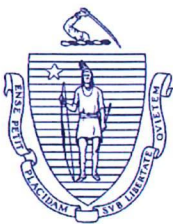


Date December 27, 2022

Please submit completed application and all required supporting materials as listed below to the Select Board's Office (508-647-6410), Natick Town Hall, 13 East Central Street, Natick, MA 01760.

Required documents:

1. Proof of Workers Compensation Insurance (if applicable)
2. Workers' Compensation Insurance Affidavit
3. Proof of \$25,000 Surety Bond
4. Application fee (check made payable to the Town of Natick or on line at <https://www.natickma.gov/366/Online-Payments>)



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Lucid Group USA, Inc.

Address: 1245 Worcester Street, Suite 3210

City/State/Zip: Natick, MA 01760

Phone #: 508-276-4179

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 23 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☒ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Hartford Accident and Indemnity Company and Hartford Underwriters Insurance Company

Insurer's Address: One Hartford Plaza

City/State/Zip: Hartford, CT 06115

Policy # or Self-ins. Lic. # 57 WN S74400 and 57 WBR S74401(MA) Expiration Date: 04/15/2023

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: 

Date: 12/27/22

Phone #: 650-802-8181

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

ORIGIN ID: RHVA
ALEX FERRIS

(650) 802-8181

7373 GATEWAY BOULEVARD

NEWARK, CA 94560
UNITED STATES US

SHIP DATE: 27DEC22
ACTWGT: 0.50 LB
CAD: 255650864/MNET4530

BILL SENDER

TO **ATTN: SELECT BOARD OFFICE - Donna Donovan**
NATICK TOWN HALL
13 EAST CENTRAL STREET

NATICK MA 01760
(408) 761-4949
INV: REF:
PO: DEPT:



TRK# 7708 8354 2688

0201

WED - 28 DEC 10:30A

PRIORITY OVERNIGHT

XE KCRA

01760
MA-US
BOS



Attn: Donna Donovan

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.