

check \$250

### TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY **P 2:16**  
Date Recorded \_\_\_\_\_  
Amount Paid 250.00 CITY CLERK'S OFFICE  
SOMERVILLE, MA

Date 7-6-2011

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 66

Applicant's Legal Name: Somerville Taxi Inc Phone: \_\_\_\_\_

Applicant's Address (with Zip Code): 29 W 2nd St 02143

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 073 175 511

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): \_\_\_\_\_

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

#### IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

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

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

#### 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 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: Maria Teixeira Date: 7/6/2011

Print Name: Maria Teixeira Phone: 617 628 8329

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.

*Somerville Taxi*

\* Signature of Individual or Corporate Name (Mandatory)

*Manuel Espinoza (per)*

By: Corporate Officer (Mandatory, if a corporation)

*043 125 511*

\*\* 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**

- 1. Exact name of taxpayer/applicant's business: Somerville Paper Inc.
- 2. Address of taxpayer/applicant's business in Somerville: 29 Mass St
- 3. Address of taxpayer/applicant's home in Somerville: Same
- 4. Taxpayer/applicant's phone: day: 617 620 8319 evening: \_\_\_\_\_

I, Mamad Kazeem, 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 7 day of July, 20 11. Mamad Kazeem  
(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: \_\_\_\_\_

# 20664031      # 234035001      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: URB

ORIGINAL STAMP: 