

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00 _____

Date 6/13/2011 _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded <u>6/13/11-MS</u>
Amount Paid <u>\$250.00 cash</u>

To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership 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 Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 78 _____

Name of Corporation MARC MORENCY LLC Phone: 617-642-4157

Street Address (for mailing) 31 Adams St #2

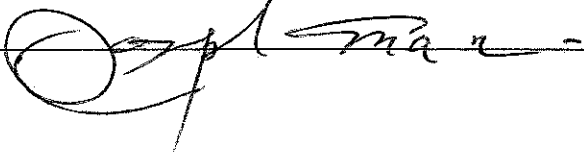
City, State, Zip Code Somerville MA 02145

Tax Identification Number: 33 102 33 22 Check one: SSN FEIN

Name of Applicant 33 102 33 22 Phone 617-642-4157

Joseph MARC

Signed under the pains and penalties of perjury this 6 day of 13, 2011.


Signature of Applicant 

2011 JUN 13 A 9 16
CITY CLERK'S OFFICE
SOMERVILLE, MA

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)

By: Corporate Officer (Mandatory, if a corporation)

33-102 33 22

** 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: MARC MORENCY INC.
2. Address of taxpayer/applicant's business in Somerville: 31 Adams St
3. Address of taxpayer/applicant's home in Somerville: Somerville, MA, 02148
4. Taxpayer/applicant's phone: day: 617-642-4157 evening: _____

I, _____, 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 6/13 day of 2011
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
<u>20100060</u>	<u>212025001</u>	_____	_____
# <u>20100050</u>	# <u>212025001</u>	# _____	# _____
<u>20100040</u>			

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
6-13-11