



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**MT. PLEASANT TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE, MA 02143**

License #:	377
City #39	
Fee:	250.00
Account ID:	311
Reference #:	377

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
Business/DBA Name: <b>MT. PLEASANT TAXI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: <b>MT. PLEASANT TAXI INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-1081</b>	
Mailing Address: <b>MT. PLEASANT TAXI INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - CHERYL HORAN</b> <b>PRESIDENT - GERALD CHAILLE</b> <b>TREASURER - GERALD CHAILLE</b>	
FID: <b>043208616</b>	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> <b>617-435-1979</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #39**

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: Gerald Chaille

Date 3/08/14

Print Name: Gerald Chaille

Phone 6176281081



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**MT. PLEASANT TAXI INC**  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143

License #:	378
City #40	
Fee:	250.00
Account ID:	311
Reference #:	378

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
Business/DBA Name: <b>MT. PLEASANT TAXI INC</b>	
Business Location: <b>OUT OF AREA</b>	
Business Phone: <b>617-628-1081</b>	
License Holder: <b>MT. PLEASANT TAXI INC</b> 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: <b>MT. PLEASANT TAXI INC</b> 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - CHERYL HORAN</b> <b>PRESIDENT - GERALD CHAILLE</b> <b>TREASURER - GERALD CHAILLE</b>	
FID: <b>043208616</b>	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> <b>617-435-1979</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #40**

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: Gerald Chaille

Date 3/20/14

Print Name: Gerald Chaille

Phone 6176281081



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

MT. PLEASANT TAXI INC  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143

License #:	379
City #41	
Fee:	250.00
Account ID:	311
Reference #:	379

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: MT. PLEASANT TAXI INC	
Business Location: OUT OF AREA	
Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 043208616	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: NOT APPLICABLE

MEDALLION #41

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: *Gerald Chaille*

Date *3/30/14*

Print Name: *Gerald Chaille*

Phone *6176281081*



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

MT. PLEASANT TAXI INC  
 600 WINDSOR PLACE  
 SOMERVILLE, MA 02143

License #:	380
City #42	
Fee:	250.00
Account ID:	311
Reference #:	380

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: MT. PLEASANT TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 043208616	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> 617-435-1979	

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

Hours: NOT APPLICABLE

MEDALLION #42

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: *Gerald Chaille*

Date *3/06/14*

Print Name: *Gerald Chaille*

Phone *6176881081*



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

MT. PLEASANT TAXI INC  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143

License #:	381
City #43	
Fee:	250.00
Account ID:	311
Reference #:	381

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: MT. PLEASANT TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 043208616	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: NOT APPLICABLE

MEDALLION #43

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: *Gerald Chaille*

Date *3/20/14*

Print Name: *Gerald Chaille*

Phone *617 628 1081*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Green Cab Co, Inc.

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 6176281081 evening: 6176286666

I, (print name) Gerald R. Chaille, 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 26<sup>th</sup> day of  
March, 20 14. Gerald R. Chaille  
(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: \_\_\_\_\_

#16602      #146007011      #1329      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: WR

ORIGINAL STAMP:



RECEIVED  
3/20/14

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

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Green Automotive, Inc.

Address: 600 Windsor Place

City: Somerville State: Ma Zip: 02143 Phone #: 6176282222

I am an employer with 22 employees Business Type:  Retail  
(full and/or part time).  Restaurant/Bar/Eating Establishment  
 I am a sole proprietor or partnership and have no  Office and/or Sales (real estate, auto, etc.)  
employees.  Nonprofit  
 We are a corporation that has exercised our right of  Entertainment  
exemption per c152 s1(4), and have no employees.  Manufacturing  
 We are a nonprofit organization staffed by  Health Care  
volunteers and have no employees.  Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Utica National Insurance Co

Address: P.O. Box 6532

City: Utica State: NY Zip: 13504 Phone #: 6176282222

Policy #: 100871385 Expiration Date: 12-31-14

**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: Mark Horn Date: 3/06/14

Print Name: Mark Horn

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_