



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

BYE BYE CAB INC
33 ROOSEVELT AVE
PEABODY, MA 01960

License #: 410
City #86
Fee: 250.00
Account ID: 327
Reference #: 410

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: BYE BYE CAB INC Business Location: OUT OF AREA Business Phone: 978-535-2544	
License Holder: BYE BYE CAB INC 33 ROOSEVELT AVE PEABODY, MA 01960 978-535-2544	
Mailing Address: BYE BYE CAB INC 33 ROOSEVELT AVE PEABODY, MA 01960	
Business Type: CORPORATION (INC. LLC) PRESIDENT - BARRY FLEISCHER SECRETARY - BARRY FLEISCHER TREASURER - BARRY FLEISCHER	
FID: 043582440	
Food Manager/Emergency Contact: BARRY FLEISCHER	

2014 APR - 8 P 12: 42
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

MEDALLION #86

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: X [Signature] Date 4/7/2014

Print Name: Barry Fleischer Phone 978-535-2544



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl., Somerville, MA

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 978-535-2544 evening: 978-535-2544

I, (print name) Barry Fleischer, 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 7th day of

Apr. 1, 2014. X [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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

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: Bye Bye Cab, Inc.

Address: 600 Windsor Pl.

City: Somerville State: MA Zip: 02143 Phone #: 617-628-2222

- I am an employer with _____ 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 Taxi

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ 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: X [Signature] Date: 4/7/2014

Print Name: Barry Fleisler

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 _____

Fleischer
33 Roosevelt Ave.
Peabody, MA 01960

April 7, 2014

Somerville City Clerk
93 Highland Ave.
Somerville, MA 02143

RE: Medallion renewal #86
Bye Bye Cab, Inc.

Dear Sir/madam:

Enclosed is application for renewal along with \$250.00 fee.

Thank you.

Sincerely,



Robin Fleischer

Robin Fleischer

Director