_		
Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY	
•••	Date Recorded 5/7/10- mS	
Date March 23, 2010	Date Recorded 5/7/10-mS  Amount Paid \$350.00 c/Su 14/8	
To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:		
The undersigned respectfully prays that the Board listed below. This ownership will be subject to all of forth in the Somerville Code of Ordinances, any arconditions prescribed by the Board of Aldermen and revocable at any time at the pleasure of the Board of Aldermen.	f the terms, conditions, and limitations set oplicable State and Federal laws, and any for City Departments. This license shall be	
Medallion # 51, 52, 27, 93		
Name of Corporation Silcor Trans Co., Inc	c. Phone: 978-423-8775	
Street Address (for mailing) 33 Nabnasset St	PO Box 1676	
City, State, Zip Code Westford, Ma 01886		
Tax Identification Number: 04-3242035	Check one:SSN <u>x</u> FEIN	
Name of Applicant John DaSilva	Phone 978-423-8775	
Signed under the pains and penalties of perjury this /2	23 <sup>rd</sup> day of March , 20 10 ,	
Signature of Applicant Hyperia Color		

CHTY CLERK'S OFFICE

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
	Date Recorded 5/7/10 ~ MS
Date March 23, 2010	Amount Paid \$ 250. 00 ck # 418
To the Honorable, the Board of Aldermen of the Control of the Undersigned respectfully prays that the Board listed below. This ownership will be subject to all of the Control of the Cont	rd of Aldermen issue the taxicab medallion
forth in the Somerville Code of Ordinances, any a conditions prescribed by the Board of Aldermen and revocable at any time at the pleasure of the Board of	applicable State and Federal laws, and any alor City Departments. This license shall be
Medallion # 52	· · · · · · · · · · · · · · · · · · ·
Name of Corporation Silcor Trans Co., Ir	Phone: 978-423-8775
Street Address (for mailing) 33 Nabnasset St	PO Box 1676
City, State, Zip Code Westford, Ma 01886	
Tax Identification Number: 04-3242035	Check one:SSN <u>x</u> FEIN
Name of Applicant John DaSilva	Phone 978-423-8775
Signed under the pains and penalties of perjury this?	33rd day of March , 2010,
Signature of Applicant flying the life	

CHTY CLERK'S OFFICE

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY	
	Date Recorded 5/7/10 - MS	
Date March 23, 2010	Amount Paid \$250, @ ck# 1418	
To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:		
The undersigned respectfully prays that the Boalisted below. This ownership will be subject to all forth in the Somerville Code of Ordinances, any conditions prescribed by the Board of Aldermen and revocable at any time at the pleasure of the Board of	of the terms, conditions, and limitations set applicable State and Federal laws, and any d/or City Departments. This license shall be	
Medallion # 77		
Name of Corporation Silcor Trans Co., I	nc. Phone: 978-423-8775	
Street Address (for mailing) 33 Nabnasset S	PO Box 1676	
City, State, Zip Code Westford, Ma 01886		
Tax Identification Number: 04-3242035	Check one:SSN <u>x</u> FEIN	
Name of Applicant John DaSilva	Phone 978-423-8775	
Signed under the pains and penalties of perjury this	23 <sup>rd</sup> day of March , 2010,	
Signature of Applicant		

CITY CLERK'S OFFICE

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY	
	Date Recorded 5/1/6 - MS	
Date March 23, 2010	Amount Paid # 250. W Ck# 1418	
To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:		
The undersigned respectfully prays that the Boal listed below. This ownership will be subject to all forth in the Somerville Code of Ordinances, any a conditions prescribed by the Board of Aldermen and revocable at any time at the pleasure of the Board of	of the terms, conditions, and limitations set applicable State and Federal laws, and any dor City Departments. This license shall be	
Medallion # 93		
Name of Corporation Silcor Trans Co., In	Phone: 978-423-8775	
Street Address (for mailing) 33 Nabnasset St	PO Box 1676	
City, State, Zip Code Westford, Ma 01886	·	
Tax Identification Number: 04-3242035	Check one:SSN _x FEIN	
Name of Applicant John DaSilva	Phone 978-423-8775	
Signed under the pains and penalties of perjury this	23 <sup>rd</sup> day of March ,2010,	
Signature of Applicant Manual Applicant		

CITY CLERK'S OFFICE

#### 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 Manne (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04/3242035

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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.