



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**ORMOND TRANSPORTATION COMPANY INC**  
**PO BOX 1676**  
**WESTFORD, MA 01886**

License #: **417**  
City #49  
Fee: **250.00**  
Account ID: **332**  
Reference #: **417**

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: <b>ORMOND TRANSPORTATION COMPANY INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>978-423-8775</b>	
License Holder: <b>ORMOND TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b> <b>978-423-8775</b>	
Mailing Address: <b>ORMOND TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b> <b>TREASURER - JOHN DASILVA</b>	
FID: <b>043565204</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

2014 APR - 1 P 12:02  
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 #49**

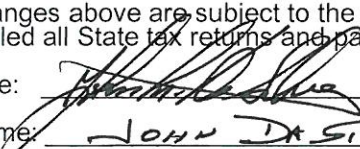
Description of Location and/or Other Conditions:

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:  Date: 3/31/14  
Print Name: JOHN DASILVA Phone: 978-423-8775



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**ORMOND TRANSPORTATION COMPANY INC**  
PO BOX 1676  
WESTFORD, MA 01886

License #: **418**  
City #50  
Fee: **250.00**  
Account ID: **332**  
Reference #: **418**

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: <b>ORMOND TRANSPORTATION COMPANY INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>978-423-8775</b>	
License Holder: <b>ORMOND TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b> <b>978-423-8775</b>	
Mailing Address: <b>ORMOND TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b> <b>TREASURER - JOHN DASILVA</b>	
FID: <b>043565204</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

2014 APR - 1 P 12:02  
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 #50**

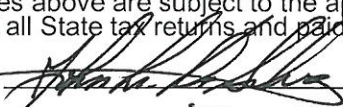
Description of Location and/or Other Conditions:

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:  Date 3/31/14  
Print Name: JOHN DASILVA Phone 978-423-8775



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**ORMOND TRANSPORTATION COMPANY INC  
PO BOX 1676  
WESTFORD, MA 01886**

License #: **419**  
City #62  
Fee: **250.00**  
Account ID: **332**  
Reference #: **419**

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: <b>ORMOND TRANSPORTATION COMPANY INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>978-423-8775</b>	
License Holder: <b>ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775</b>	2014 APR -1 P 12:02 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: <b>ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b> <b>TREASURER - JOHN DASILVA</b>	
FID: <b>043565204</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

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

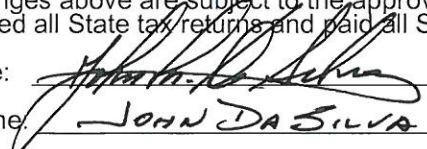
Hours: **NOT APPLICABLE**

**MEDALLION #62**

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:  Date: 3/31/14  
Print Name: JOHN DASILVA Phone: 978-423-8775



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
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**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**ORMOND TRANSPORTATION COMPANY INC  
PO BOX 1676  
WESTFORD, MA 01886**

License #: **420**  
City #89  
Fee: **250.00**  
Account ID: **332**  
Reference #: **420**

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: <b>ORMOND TRANSPORTATION COMPANY INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>978-423-8775</b>	
License Holder: <b>ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775</b>	2014 APR - 1 P 12:02 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: <b>ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA TREASURER - JOHN DASILVA</b>	
FID: <b>043565204</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #89**

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:  Date 3/31/14  
Print Name: JOHN DASILVA Phone 978-423-8775

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: Ormond Trans Co Inc.

Address: PO Box 1676

City: Westford

State: Ma

Zip: 01886

Phone #: 978-423-8775

- 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 \_\_\_\_\_

**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: \_\_\_\_\_

Date: 3/31/14

Print Name: John DaSilva

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 #: \_\_\_\_\_