

**TAXICAB MEDALLION RENEWAL**

Application Fee \$250.00 \_\_\_\_\_

Date 5-1-11 \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

**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 # 84 \_\_\_\_\_

Name of Corporation Ike Inc Phone: 617-628-1081

Street Address (for mailing) 600 Windsor Pl. \_\_\_\_\_

City, State, Zip Code Somerville, MA 02143 \_\_\_\_\_

Tax Identification Number: 04-2778092 Check one:  SSN  FEIN

Name of Applicant Gerald R Chaille Phone 617 628-1081

Signed under the pains and penalties of perjury this 1 day of May, 20 11,

Signature of Applicant Gerald R Chaille \_\_\_\_\_

2011 MAY 16 P 3:08  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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**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.

*Ike Inc*

\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

*Michael P. Chaille*

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*04-2778092*

\_\_\_\_\_  
\*\* 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.

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 #: (617) 628-2222

- I am an employer with 30 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Taxi rental / repair and dispatch

Workers' compensation insurance information (if applicable):

Insurance Company Name: Chartis Specialty Workers Compensation Group

Address: 22427 Network Place

City: Chicago State: IL Zip: 60673-1224 Phone #: (800) 645-2259

Policy #: WC 4475821 Expiration Date: 01/01/12

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: Gerald R. Chaille Date: 5/12/11

Print Name: Gerald R. Chaille

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

(revised Jan. 2008)



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**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: (617) 628-2222 evening: (617) 628-6666.

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 12th day of May, 2011.  
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: \_\_\_\_\_

# 98000720      # 146007011      # 01840000      # \_\_\_\_\_  
30000482

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP: **Received**  
A 5-16-11