

## TAXI STAND APPLICATION

Application Fee \$150.00 per taxi (900.00)

FOR CITY CLERK'S OFFICE ONLY

Date May 12, 2011

Date Recorded 5-16-11

Amount Paid 4350.00 CK 13964

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that the Board of Aldermen issue a license for the taxi stand listed below. This license 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.

Location 295 Broadway

Number of taxicabs 6

Business Name of Taxi Company Green Cab Co, Inc.

Business DBA Name (if applicable): Green and Yellow Cab

Mailing Address with Zip Code: 600 Windsor Place

Tax Identification Number: 04-2590310 Check one: SSN  FEIN

Name of Applicant Gerald R. Chaille Phone (617) 628-2222

Signed under the pains and penalties of perjury this 12th day of May 12, 20 11,

Signature of Applicant Gerald R. Chaille

### FOR NEW OR EXPANDED TAXI STANDS ONLY:

#### TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be:

Approved  Denied

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

#### TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be:  Approved  Denied

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

CLERK'S OFFICE  
SOMERVILLE, MA

MAY 16 P 3:06

**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 Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Taxi rental / clean  
car 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: 3/18/11

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

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.

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\*Signature of Individual or Corporate Name (Mandatory)

**Gerald R. Chaille**

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By: Corporate Officer (Mandatory, if a corporation)

**04-2590310**

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\*\*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.



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

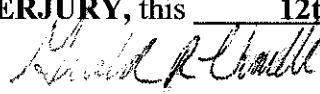
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

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, 20 11.

  
(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

# 14600701

# 0184000

#

30000482

**NOTES:**

**CLERK'S INITIALS:** J

**ORIGINAL STAMP:**

**received**  
5-16-11