

TAXI STAND APPLICATION

Application Fee \$150.00 per taxi (900.00)

Date May 12, 2011

FOR CITY CLERK'S OFFICE ONLY

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, 2011,

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 _____

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
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other taxi rental / repair and dispatch
- ☐ 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.

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.

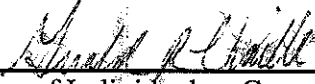
City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

**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 Name (Mandatory)

Gerald R. Chaille

By: Corporate Officer (Mandatory, if a corporation)

04-2590310

**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. 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