

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 6/29/10 - MB

Amount Paid \$250.00 CASH

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 # 78

Name of Corporation MARC MORENCY LLC Phone: 617-642-4157

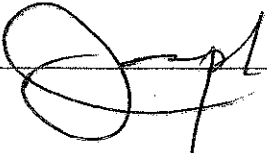
Street Address (for mailing) 31 Adams Street

City, State, Zip Code SOMERVILLE, MA 02145

Tax Identification Number: 029-70-7219 Check one: SSN FEIN

Name of Applicant Joseph MARC Phone 617 642-4157

Signed under the pains and penalties of perjury this _____ day of 6/28, 2010.

Signature of Applicant  Marc

2010 JUN 29 A 8:48
CITY CLERK'S OFFICE
SOMERVILLE, MA



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: MARC MORENCY LLC
2. Address of taxpayer/applicant's business in Somerville: 31 Adams Street
3. Address of taxpayer/applicant's home in Somerville: Somerville, MA. 02145
4. Taxpayer/applicant's phone: day: 617-642-4137 evening: _____

I, Marc Morency LLC, 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 6/28 day of

_____, 20 10.

[Signature]
(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: _____

20100050 # 212025001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UB
6-29-10

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.

MARC MORENCY INC
* Signature of Individual or Corporate Name (Mandatory)

Joseph Marc
By: Corporate Officer (Mandatory, if a corporation)

029-70-7219
** 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.