

Transfer
**TAXICAB MEDALLION APPLICATION
AND TAXICAB OPERATOR LICENSE APPLICATION**

2016 APR 20 P 2:23

Nonrefundable Application Fee \$305.00

Date 4-19-16

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

Medallion # 28

Current Owner Name Stone Transportation Inc Phone 617 628 1081

Address (Include Zip Code) 600 Windsor Pl Somerville, MA 02143

Applicant Name Gerald Chaille Phone 617 628 1081

Mailing Address (Include Zip Code) 600 Windsor Pl Somerville MA 02143

Federal Employer Identification Number (Not your social security #): 04-3208616

If a corporation, name of Corporation Mt Pleasant Taxi Inc

If a corporation, name of Majority Shareholder(s) Gerald Chaille

Do you hold a valid Somerville Taxi Driver's License? ☐ Yes ☒ No

Do you hold a Taxi Driver's License in another city? ☐ Yes ☒ No

If yes, in what City/State? _____

Do you own a Somerville Taxicab Medallion? ☒ Yes ☐ No

Have you ever owned a Somerville Taxicab Medallion? ☒ Yes ☐ No

Have you ever owned a Taxi Medallion elsewhere? ☐ Yes ☐ No

If yes, in what City/State? _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. I agree that 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 City of Somerville. I understand that this license shall not be transferrable, and shall be revocable at any time at the pleasure of the Board of Aldermen. 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 Applicant: Gerald Chaille Date: 4/19/16

Provide the following information if a bank is financing the purchase:

Name of Bank _____
Federal Employer Identification Number _____

Provide the following information if a corporation is financing the purchase:

Name of Corporation _____
Federal Employer Identification Number _____
Name of Majority Shareholder(s) _____

Provide the following information if an individual is financing the purchase:

Name of Individual _____
Address (Include Zip Code) _____

Describe any other financing: None

Medallion # 28

Include with this Application the following documents:

- The attached Certificate of Good Standing.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and a Certificate of Corporate Authority.
- NOTE: If the Application is approved, forward to the City Clerk a copy of a valid Registration for the vehicle, upon issuance by the Registry of Motor Vehicles.

TAXI BUREAU RECOMMENDATION:

The Somerville Taxi Bureau recommends that the application be: ☒ Approved ☐ Denied

Signature [Signature] Date 5-10-16

Print name John J. Gobbe Jr Title gt

Gerald R. Chaille
600 Windsor Place
Somerville, Ma 02143

April 28, 2016

City of Somerville
93 Highland Avenue
Somerville, Ma 02145
John Long- City Clerk

Please be advised that we are doing a "Corporate Tax- Free Restructuring". This restructuring is being done by transferring assets owned identically by one corporation with Gerald Chaille being the sole owner to another existing corporation of the same identical ownership. The medallions which are the assets of the corporations are simply being transferred into another corporation. There is no sale as it is a transfer only. The ownership remains the same by Gerald Chaille. The following corporations: Ike, Inc., Lee Transportation, ZH, Inc., and Stone Transportation are being dissolved and will no longer exist. The corporations being dissolved and existing corporations are all sub-chapter S corporations.

Ike, Inc. which owns medallions numbered, 57, 58, 81, and 84 are being transferred to Cinema Taxi, Inc. Lee Transportation which owns medallions numbered, 7, 8, 9, 10, 11, 12 and 13 are being transferred to Country Club Transportation, Inc. Stone Transportation, Inc. which owns medallions numbered, 28, 30, 31, 32 are being transferred into Mt. Pleasant Taxi, Inc. ZH, Inc. medallions numbered 14, 16 and 63 are being transferred into Cinema Taxi, Inc..

These transfers will be reported as such on each corporate return and reported to the IRS as such. This is merely an accounting restructuring.

Please feel free to contact me if you have any further questions.

Best,

Gerald R. Chaille

TAXICAB MEDALLION AND SALE AGREEMENT

AGREEMENT made by and between **Stone Transp, Inc., and Mt. Pleasant Taxi, Inc. Somerville, MA 02143** hereinafter called the SELLER

AND **Gerald Chaille, or corporate nominee, 600 Windsor Pl., Somerville, MA 02143**

hereinafter called the BUYER.

WHEREAS, the SELLER is willing to sell and the BUYER is willing to buy a certain Hackney Carriage License and Medallion, issued by the Board of Aldermen of the City of Somerville, being numbered **28** for the year **2016** for consideration of \$80,000.00 or future consideration, whichever is less, it is hereby agreed that:

1. The BUYER hereby gives to the SELLER the sum of

N/A as a deposit towards said purchase price, balance to be paid over in certified or cashier's checks, after approval of the transfer of said Hackney Carriage Medallion to the Buyer, and at time of sale.

2. The SELLER hereby warrants that said Hackney Carriage Medallion has not been pledged, mortgaged or hypothecated and is free and clear of any and all encumbrances, and there are no monies due thereon, except to: NONE.

BUYER shall have the right to use purchase funds to pay off any outstanding encumbrances.

If the BUYER is financing the purchase money for this transaction, then the SELLER agrees to comply with all requirements set forth by the financing institution as to provide good, clear marketable title.

3. SELLER warrants that the motor vehicle and equipment sold herein will be in

substantially the same condition as of the date of this AGREEMENT, reasonable wear and tear excepted. The BUYER acknowledges that he has inspected said motor vehicle and equipment. BUYER shall have the right to inspect said motor vehicle on the day prior to passing to make sure it complies with the provisions of this paragraph.

4. It is further agreed that the parties shall forthwith and expeditiously sign any and all papers or forms required by the Hackney Carriage Division of the Board of Aldermen of the City of Somerville in order to apply for permission for this transaction, and when permission is granted, to act within seven days of notification of approval of transfer to complete this sale and transaction.
5. Delivery of the Medallion and motor vehicle, if any, will be made to the BUYER at the place of passing of title, unless otherwise agreed upon between parties.
6. It is strictly understood by and between that this entire transaction and sale is subject to the approval of the Board of Aldermen of the City of Somerville, and in the event said approval is not obtained then the deposit given shall be returned to the BUYER.

IN WITNESS WHEREOF, we hereunto set our hands and seals this

DATE 5/9/2016

SELLER

WITNESS

[Signature]

Stone Transp, Inc.

by [Signature]

President

Gerald R. Chaille

WITNESS

[Signature]

BUYER

[Signature]

Gerald Chaille

Mt. Pleasant Taxi, Inc.



2015 APR 14 P 12:04

City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: 600 Windsor St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-712-8585 evening: _____

I, (print name), 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 _____ day of _____, 20_____.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: trbeller INCLUDES RELEVANT POSTINGS THROUGH: _____

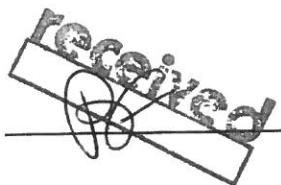
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

N/A # N/A # 1296 # _____

NOTES:

CLERK'S INITIALS: _____



ORIGINAL STAMP: _____

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 24 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arbella
Address: 1100 Crown Colony Drive
City: Quincy State: Ma Zip: 02169 Phone #: (508) 297-0484
Policy #: 42200538331 Expiration Date: 04/01/17

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: _____

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 _____

(revised Jan. 2008)