



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR 15 P 2:55

Application to Renew Taxi Medallion License

SILVA CAB INC
457 SOMERVILLE AVE #2
SOMERVILLE MA 02143

License #: BL15-000425
File #: 15-334
Fee: 305

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: SILVA CAB INC Business Location: 0 OUT OF AREA Business Phone: 617-501-6189	
License Holder: SILVA CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Mailing Address: SILVA CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Business Type: Corporation CHAD SILVA CHAD SILVA CHAD SILVA	
FID: 743147251	
Emergency Contact: CHAD SILVA Phone: 617-501-6189	
Medallion #(s): MEDALLION #83	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Chad Silva Date: 3-15-16

Printed Name: Chad Silva Phone: 617 501 6189



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Silva Cab Inc

Address of taxpayer/applicant's business in Somerville: 457 Somerville Ave Apt 2 Som Ma 02143

Address of taxpayer/applicant's home in Somerville: 457 Somerville Ave Apt 2 Som Ma 02143

Taxpayer/applicant's phone: day: 617 501 6189 evening: 617 501 6189

I, (print name) Chad Silva, 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 15th day of March, 20 16. Chad Silva
(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: _____

14055 # 242030001 # _____ # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

Received
3-15-16