TAXICAB MEDALLION RENEWAL

Application Fee $250.00

Date

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	8-11-10
Amount Paid	$250.00 CK

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 # 19

Name of Corporation Gardy INC Phone: 617-201-3524

Street Address (for mailing) 600 Winsor Place

City, State, Zip Code Somerville MA 02145

X Tax Identification Number: 81-0562943 Check one: __SSN ✓FEIN

Name of Applicant Bosse JeanGardy Phone 617-888-7329

Signed under the pains and penalties of perjury this 8 day of 11, 2010,

Signature of Applicant Bosse JeanGardy

2010 AUG 11 A 11:23
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

Bessie Jean Gardy

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

X 81-0562943

** 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

1. Exact name of taxpayer/applicant's business: Green Gob
2. Address of taxpayer/applicant's business in Somerville: 600 Winter Pl. Som. MA
3. Address of taxpayer/applicant's home in Somerville: 600 Winter Pl. Som. MA
4. Taxpayer/applicant's phone: day: 617- 888- 7389 evening: 617-201-3524

I, _____, 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: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate	☐ Water/Sewer	☐ Personal Property	☐ Other: _____
# 9800720	# 14607011	# 01840000 3000482	#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** received 11-8-11

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682