



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

CK-2281
\$250

APPLICATION TO RENEW TAXI MEDALLION LICENSE

32 SUMMER ST CORP
32 SUMMER ST
SOMERVILLE, MA 02143

License #: 431

City #29

Fee: 250.00

Account ID: 339

Reference #: 431

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: For 32 SUMMER ST CORP Business Location: OUT OF AREA Business Phone: 617-776-8864	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2013 APR 22 P 1:40 CITY CLERK'S OFFICE SOMERVILLE, MA </div>
License Holder: 32 SUMMER ST CORP 32 SUMMER ST SOMERVILLE, MA 02143 617-776-8864	
Mailing Address: 32 SUMMER ST CORP SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - JESSIE DORLEAN PRESIDENT - LAMARTINE DANIER	
FID: 043427843	
Food Manager/Emergency Contact: LAMARTINE DANIER	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

MEDALLION #29

Description of Location and/or Other Conditions:

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: [Signature] Date: 4/22/13

Print Name: LAMARTINE J. DANIER Phone: 617-776-8864



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Lamartine J. Danier

Address of taxpayer/applicant's business in Somerville: 32 Summer Street

Address of taxpayer/applicant's home in Somerville: 32 Summer St

Taxpayer/applicant's phone: day: 617-776-8864 evening: _____

I, (print name) LAMARTINE J. DANIER 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 4/22/13 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: _____

14100 # 23208001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

