

# TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 3/18/2011

2011 MAR 21

CITY CLERK'S OFFICE ONLY

Date Recorded # 3/21/11 - MS

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Fee Paid # 250.00 ck # 3334

☐ New Application or Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Medallion #: 1

Applicant's Legal Name: O.D. J INC Phone: 781-856-9727

Applicant's Address (with Zip Code): 17 ROSS Street Medford, MA 02155

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 80-0418882

Mailing Name (where we should send correspondence to): O.D. J INC Molaige JULES

Mailing Address (with Zip Code): 17 ROSS Street Medford, MA 02155

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Molaige JULES

Address with Zip Code: 17 ROSS Street Medford, MA 02155

Partner's/Member's/Secretary's Name: Molaige JULES

Address with Zip Code: 17 ROSS Street Medford, MA 02155

Partner's/Member's/Treasurer's Name: Molaige JULES

Address with Zip Code: 17 ROSS Street (Mass) Medford, MA 02155

## 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. 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.

Signature of Applicant: Molaige Jules

Date: 3/18/2011

Print Name: Molaige JULES

Phone: 781-856-9727

**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.

D.D. INC. Nobige Jules

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

013-68-1591

\*\* 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: Molaije Jules
2. Address of taxpayer/applicant's business in Somerville: 17 Ross Street Melford
3. Address of taxpayer/applicant's home in Somerville: 3 Harrison St Somerville
4. Taxpayer/applicant's phone: day: 781-396-1360 evening: 781-856-9727

I, Molaije Jules, 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 03-18-2011 day of March, 20 11. Molaije Jules  
(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: \_\_\_\_\_

# 03106085 # 244050001 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP: \_\_\_\_\_

