

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 04-19-2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid \$250.00

2011 APR 19 P 1:31
CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 76

Applicant's Legal Name: W. L. E. J. INC Phone: 617-755-4460

Applicant's Address (with Zip Code): 15 William St, Medford, MA 02155

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 80-0260955

Mailing Name (where we should send correspondence to): 15 William St, Medford

Mailing Address (with Zip Code): 02155

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Andre Camille

Address with Zip Code: 15 William St, Medford, MA 02155

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

Partner's/Member's/President's Name: Lucilia Camille

Address with Zip Code: 15 William St, Medford, MA 02155

Partner's/Member's/Secretary's Name: ESTHER CAMILLE

Address with Zip Code: 15 William St, Medford, MA 02155

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

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: [Signature] Date: 4/19/11

Print Name: Andre Camille Phone: 617-755-4460