



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

2013 APR -8 P 1:25

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

SOMERVILLE TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: 427

City #70

Fee: 250.00

Account ID: 336

Reference #: 427

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 SOMERVILLE TRANSPORTATION COMPANY INC	
Business Location: OUT OF AREA	
Business Phone: 978-423-8775	
License Holder: SOMERVILLE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: SOMERVILLE TRANSPORTATION COMPANY INC WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA	
FID: 752992167	
Food Manager/Emergency Contact: JOHN DASILVA	

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

Hours: **NOT APPLICABLE**

MEDALLION #70

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: _____

Date: _____

Print Name: _____

Phone: _____

4/4/13

978-423-8775



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SOMERVILLE, MA

APPLICATION TO RENEW TAXI MEDALLION LICENSE

SOMERVILLE TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: 428

City #71

Fee: 250.00

Account ID: 336

Reference #: 428

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 SOMERVILLE TRANSPORTATION COMPANY INC	
Business Location: OUT OF AREA	
Business Phone: 978-423-8775	
License Holder: SOMERVILLE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: SOMERVILLE TRANSPORTATION COMPANY INC WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA	
FID: 752992167	
Food Manager/Emergency Contact: JOHN DASILVA	

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

Hours: **NOT APPLICABLE**

MEDALLION #71

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: _____

Date: _____

Print Name: _____

Phone: _____

JOHN DASILVA

4/4/13

978-423-8775