

#### **CITY OF SOMERVILLE BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

## **APPLICATION TO RENEW TAXI MEDALLION LICENSE**

License #:

398

TR CAB INC **600 WINDSOR PLACE** SOMERVILLE, MA 02143

Fee:

City #2 250.00

Account ID:

319

Reference #:

398

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 TR CAB INC		
Business Location: OUT OF AREA		
Business Phone: 617-628-1081		
License Holder: TR CAB INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	CHED.	
Mailing Address: TR CAB INC SOMERVILLE, MA 02143	in the	
Business Type: CORPORATION (INC. LLC) PRESIDENT - TONY RAHI SECRETARY - TONY RAHI	So A	
FID: <b>043565292</b>		
Food Manager/Emergency Contact: TONY RAHI		
Conditions: (to change any conditions, submit a new a	polication Contact the City Clark's Office for more information	

Hours: NOT APPLICABLE

**MEDALLION #2** 

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 accurateAny changes above are subject to the approval of the BOARD OF All have filed all State tax returns and paid all State taxes required by I		
Signature:	Date	
Print Name:	Phone	

CK-500 \$350

### TAXICAB MEDALLION RENEWAL

Application Fee_\$250.00	FOR CITY CLERK'S OFFICE ONLY				
4/20/12	Date Recorded				
Date $\frac{4/30/13}{}$	Amount Paid				
To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:					
The undersigned respectfully prays that the Boal listed below. This ownership will be subject to all forth in the Somerville Code of Ordinances, any a conditions prescribed by the Board of Aldermen and revocable at any time at the pleasure of the Board of	of the terms, conditions, and limitations set applicable State and Federal laws, and any d/or City Departments. This license shall be				
Medallion #					
Name of Corporation TR Cab Inc	Phone: 6/7428/08/				
Street Address (for mailing) 600 Windson	R P/				
Street Address (for mailing) 600 Windson City, State, Zip Code Somerville	MA				
Tax Identification Number: 6435652	92Check one:SSNFEIN				
Name of Applicant Toni Rahi	Phone 6/7628/68/				
Signed under the pains and penalties of perjury this	$\frac{80}{20}$ day of $\frac{1}{20}$ , $\frac{1}{3}$ ,				
Signature of Applicant					

SOMEBANITE: WY CILL CLERK'S OFFICE

3013 NVA -P 5 5:32



# City of Somerville, Massachusetts Finance Department, Treasury Division

#### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	plicant's business:	Sien Cab Co	•			
Exact name of taxpayer/applicant's business: Will Winds P/						
Address of taxpayer/applicant's home in Somerville:						
Taxpayer/applicant's phone: day: <u>U/7 U 28 / U 8/</u> evening: <u>U/7 U 35 / U 9</u> I, <u>(print name)</u> <u>U/W/A C W M/////</u> , 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 the control of the c						
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THROUGH:				
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
☐ Real Estate	□ Water/Sewer	Personal Property	Other:			
# 9800727 NOTES: \(\)\\	# 1460070	134[	#			
CLERK'S INITIALS:		ORIGINAL STAMP:	\$\\\ \alpha \( \frac{1}{5} \)			