2741554201310000049110000025000 1

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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

TR CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **398**
City #2
Fee: **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**	
Mailing Address: **TR CAB INC** **SOMERVILLE, MA 02143**	SEE ATTACHED.
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - TONY RAHI** **SECRETARY - TONY RAHI**	
FID: **043565292**	
Food Manager/Emergency Contact: **TONY RAHI**	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk'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 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 _____

CK- 500
$250

TAXICAB MEDALLION RENEWAL

Application Fee $250.00

Date 4/30/13

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership 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 Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 2

Name of Corporation TR Cab Inc Phone: 6176281081

Street Address (for mailing) 600 Windsor pl

City, State, Zip Code Somerville MA

Tax Identification Number: 043565292 Check one: __SSN ✓FEIN

Name of Applicant Toni Rahi Phone 6176281681

Signed under the pains and penalties of perjury this 30 day of April, 2013,

Signature of Applicant Toni Rahi

CITY CLERK'S OFFICE
SOMERVILLE, MA

2013 MAY -6 P 2:35

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Cab Co

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 6176281081 evening: 617 935 1979

I, (print name) Gerald R Crowley, 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 30 day of April, 2013. Gerald R Crowley
(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: ___

98000720 16448 # 14600701 # 1347 1347

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** RECEIVED 5-6-13