

IMPORTANT

\$250.00

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Medallion
License Number: #191225
Business Name: Silva Cab Inc
Location: N/A
Medallion(s): 83
Special Conditions (if any):

2012 APR 20 P 12:03
CITY CLERK'S OFFICE
SOMERVILLE, MA

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Silva Cab Inc
Somerville Address and Zip Code:	457 Somerville Ave Apt 2 Som Ma 02143
Phone Number of the Business:	617-501-6189

The Legal Name of the License Holder:	Chad A Silva
Street Address of the License Holder:	457 Somerville Ave Apt 2
City, State and Zip Code of the License Holder:	Somerville Ma. 02143
Phone Number of the License Holder:	617-501-6189
Email Address of the License Holder:	CSILVA200@AOL.COM

Where We Should Send Mail: Name:	Chad Silva
Street Address:	457 Somerville Ave Apt 2
City, State and Zip Code:	Somerville, Ma. 02143
Email:	CSILVA200@AOL.COM
Phone Number:	617-501-6189

Federal ID # (Do Not Give a Social Security #):	74-3147251
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Emergency Contact and Phone (For Fire Dept. Use):	Paul E Silva 617-628-9753
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):	
<input type="checkbox"/>	Sole Proprietor: Name of Owner: _____
<input type="checkbox"/>	Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/>	Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/>	Corporation (inc. LLC): Name of President: <u>Chad A Silva</u>
	Name of Secretary: <u>Chad A. Silva</u>
	Name of Treasurer: <u>Chad A. Silva</u>
Other (Attach a Description of the Form of Ownership and the Names of Owners)	

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Chad Sh

Date April 14, 2012



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SILVA Cab Inc

Address of taxpayer/applicant's business in Somerville: 457 Somerville Ave Apt 2 Som Ma 02147

Address of taxpayer/applicant's home in Somerville: 457 Somerville Ave Apt 2 Som Ma 02147

Taxpayer/applicant's phone: day: 617 501 6189 evening: 617 501 6189

I, (print name) Chad Silva, 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 20th day of April, 20 12. Chad Silva
(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: _____

13638 # 24203001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

