

# TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 5/20/11

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 5/23/11 - MS  
Amount Paid \$250.00

2011 MAY 23 A 11:27  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 20

Applicant's Legal Name: BIBI'S CAB INC Phone: \_\_\_\_\_

Applicant's Address (with Zip Code): 240 BELMONT ST MALDEN MA 02148

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 010578932

Mailing Name (where we should send correspondence to): 240 BELMONT C P.O. box 122

Mailing Address (with Zip Code): MALDEN MA 02148

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

### IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

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

Partner's/Member's/President's Name: MARCE-CLAIRE PADY

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: LOUIS NARCISSE

Address with Zip Code: 240 BELMONT ST MALDEN MA 02148

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.

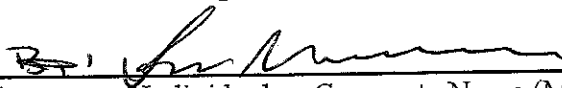
Signature of Applicant: [Signature] Date: 5/20/11

Print Name: LOUIS NARCISSE Phone: 617 852 2617

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



\* Signature of Individual or Corporate Name (Mandatory)

BIBIS CAB INC

By: Corporate Officer (Mandatory, if a corporation)

010578932

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.