

## TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 5/17/12

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/17/12 MS  
Amount Paid \$ 250.00 ck# 1454

☐ New Application or Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Medallion #: 20

Applicant's Legal Name: BIBIS CAB INC Phone: 617 5522617

Applicant's Address (with Zip Code): P.O. box

Applicant's Email Address: LM NARCISSE@yahoo.com

Applicant's Federal Employer Identification Number: 04357 9728

Mailing Name (where we should send correspondence to): BIBIS CAB INC

Mailing Address (with Zip Code): P.O. box 122 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: LOUIS NARCISSE

Address with Zip Code: 240 BELMONT ST MALDEN MA 02148

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

Partner's/Member's/President's Name: \_\_\_\_\_

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

Partner's/Member's/Secretary's Name: \_\_\_\_\_

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

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: 5/17/12

Print Name: LOUIS NARCISSE

Phone: 617 5522617

2012 MAY 17 A 10:30  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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.

BIBIS CAB INC

\* Signature of Individual or Corporate Name (Mandatory)

LOUIS NARCISSE

By: Corporate Officer (Mandatory, if a corporation)

04-3579728

\*\* 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.