

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

382

ODNEY CAB INC 62 CLINTON ST EVERETT, MA 02149

City #72

Fee: Account ID:

250.00

Reference #:

312

382

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 ODNEY CAB INC	
Business Location: OUT OF AREA	
Business Phone: 857-417-2816	
License Holder: ODNEY CAB INC 62 CLINTON ST EVERETT, MA 02149 857-417-2816	
Mailing Address: ODNEY CAB INC EVERETT, MA 02149	
Business Type: CORPORATION (INC. LLC) PRESIDENT - TONY ANDRE SECRETARY - TONY ANDRE	
FID: 043437866	
Food Manager/Emergency Contact: TONY ANDRE	
	cation. Contact the City Clerk's Office for more information)
Hours: NOT APPLICABLE	
MEDALLION #72	
Description of Location and/or Other Conditions:	
I hereby certify under the penalties of perjury that the follow-All information shown above is true and accurate. -Any changes above are subject to the approval of the BO-I have filed all State tax returns and paid all State taxes re	wing is true: ARD OF ALDERMEN. squired by law for this business.

Signature: _____ Date _____ Print Name: _____ Phone ____

Application Fee_\$250.00 Date 5 - 10 - 13 New Application or Renewing Application with Additions or Changes X Renewing Application with NO Additions or Changes Medallion #: 72 Applicant's Legal Name: Odney Cab Inc Phone: 857-417-2816 Applicant's Address (with Zip Code): 62 Clinton Street Exerett ma OZI 49 Applicant's Email Address:_____ Applicant's Federal Employer Identification Number: 04-3437866 Mailing Name (where we should send correspondence to):_____ Mailing Address (with Zip Code): χ Sole Proprietor Partnership (inc. LLP) __Trust Type of Business (Check one): Corporation (inc. LLC) Other____ IF A SOLE PROPRIETOR: Owner's Name: Tony Andre Address with Zip Code: 62 Clinton 3+ Exerct Mp. 02149 IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed): Partner's/Member's/President's Name: 10ny Andre 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: 10ny Andres Date: 5-18-13 Print Name: 10ny ANDRE Phone: 85-417-2816

TAXICAB MEDALLION RENEWAL

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

^{*} 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.