



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

2013 APR -8 P 1:24

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**EASTERN TRANSPORTATION COMPANY INC**  
PO BOX 1676  
WESTFORD, MA 01886

License #: 411  
City #73  
Fee: 250.00  
Account ID: 328  
Reference #: 411

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 <b>EASTERN TRANSPORTATION COMPANY INC</b>	
Business Location: <b>OUT OF AREA</b>	
Business Phone: <b>978-423-8775</b>	
License Holder: <b>EASTERN TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b> <b>978-423-8775</b>	
Mailing Address: <b>EASTERN TRANSPORTATION COMPANY INC</b> <b>WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b>	
FID: <b>043234907</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

**MEDALLION #73**

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: 4/4/13  
Print Name: JOHN DASILVA Phone: 978-423-8775



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**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

CLERK'S OFFICE  
SOMERVILLE, MA  
License #:

**EASTERN TRANSPORTATION COMPANY INC**  
PO BOX 1676  
WESTFORD, MA 01886

**412**  
**City #87**

Fee: **250.00**

Account ID: **328**

Reference #: **412**

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 <b>EASTERN TRANSPORTATION COMPANY INC</b>	
Business Location: <b>OUT OF AREA</b>	
Business Phone: <b>978-423-8775</b>	
License Holder: <b>EASTERN TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b> <b>978-423-8775</b>	
Mailing Address: <b>EASTERN TRANSPORTATION COMPANY INC</b> <b>WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b>	
FID: <b>043234907</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

**MEDALLION #87**

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: *John Dasilva* Date: 4/4/13

Print Name: JOHN DASILVA Phone: 978-423-8775



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**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

CLERK'S OFFICE  
SOMERVILLE, MA

**EASTERN TRANSPORTATION COMPANY INC**  
PO BOX 1676  
WESTFORD, MA 01886

License #: 413

City #90

Fee: 250.00

Account ID: 328

Reference #: 413

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 <b>EASTERN TRANSPORTATION COMPANY INC</b>	
Business Location: <b>OUT OF AREA</b>	
Business Phone: <b>978-423-8775</b>	
License Holder: <b>EASTERN TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b> <b>978-423-8775</b>	
Mailing Address: <b>EASTERN TRANSPORTATION COMPANY INC</b> <b>WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b>	
FID: <b>043234907</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

**MEDALLION #90**

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: *John Dasilva*

Date: 4/4/13

Print Name: JOHN DASILVA

Phone: 978-423-8775