



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

ELZIRA AND LUC INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **348**
City #6
Fee: **250.00**
Account ID: **300**
Reference #: **348**

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: ELZIRA AND LUC INC Business Location: OUT OF AREA Business Phone: 781-389-0485	<i>SEE ATTACHED</i>
License Holder: ELZIRA AND LUC INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 781-389-0485	
Mailing Address: ELZIRA AND LUC INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - ELZIRA GUERINE TREASURER - ELZIRA GUERINE PRESIDENT - LUC GUERINE	
FID: 043579786	
Food Manager/Emergency Contact: LUC GUERINE 781-526-3439	

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

Hours: **NOT APPLICABLE**

MEDALLION #6

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 _____

Print Name: _____ Phone _____

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 05-14-13

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5/14/13
Amount Paid \$250.00

2013 MAY 14 A 9:55
CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application or Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Medallion #: 6

Applicant's Legal Name: LLC GUERINE Phone: 781-389-0485

Applicant's Address (with Zip Code): 4 REGENT PL #2 LYNN MA 01905

Applicant's Email Address:

Applicant's Federal Employer Identification Number: 043579786

Mailing Name (where we should send correspondence to): 600 WINSON RD Somerville

Mailing Address (with Zip Code): MASS

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

IF A SOLE PROPRIETOR:

Owner's Name: ELIZIRA AND LLC

Address with Zip Code: 4 REGENT PL #2 LYNN MASS 01905

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: ELIZIRA GUERINE

Address with Zip Code: 4 REGENT PL #2 LYNN MA 01905

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: Luc Guerine Date: 05-14-13

Print Name: LUC GUERINE Phone: 781-389-0485

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.

Luc Guerin

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

591-72-4159 043579786

** 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.