



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

CK-1111  
 \$ 250

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**TALKD TRANSPORTATION INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE, MA 02143**

License #: **397**  
 City #55  
 Fee: **250.00**  
 Account ID: **318**  
 Reference #: **397**

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>TALKD TRANSPORTATION INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: <b>TALKD TRANSPORTATION INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-1081</b>	
Mailing Address: <b>TALKD TRANSPORTATION INC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - KAREN TAMAGNA</b> <b>SECRETARY - KAREN TAMAGNA</b>	
FID: <b>260168698</b>	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> <b>617-435-1979</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #55**

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: Bill Horan Date: \_\_\_\_\_

Print Name: Bill Horan Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Green Cab Co

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 628 1081 evening: 617 435 1979

I, (print name) Gerald R Chalk, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 30 day of April, 2013. Gerald R Chalk  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate

☐ Water/Sewer

☐ Personal Property

☐ Other: \_\_\_\_\_

# 980007220  
16448

# 146007011

# 1347  
1346

# \_\_\_\_\_

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:



RECEIVED  
4-5-6-13