

## TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 3/24/2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3-28-11

Amount Paid \$250.00

CK1443

☐ New Application or Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Medallion #:

86

BYE BYE Cab Inc

Applicant's Legal Name:

Barry Fleischer

Phone:

978 535 2544

Applicant's Address (with Zip Code):

33 Roosevelt Ave Peabody MA 01960

Applicant's Email Address:

Fleischer33@comcast.net

Applicant's Federal Employer Identification Number:

04-358-2440

Mailing Name (where we should send correspondence to):

33 Roosevelt Ave Peabody MA 01960

Mailing Address (with Zip Code):

33 Roosevelt Ave Peabody MA 01960

Type of Business (Check one):

☐ Sole Proprietor

☐ Partnership (inc. LLP)

☐ Trust



Corporation (inc. LLC)

☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets if 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:

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CITY CLERK'S OFFICE  
SOMERVILLE, MA

### 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:

Barry Fleischer

President

Date:

3/24/2011

Print Name:

Barry Fleischer

Phone:

978 535 2544

**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.

Bye Bye Cab Inc  
\* Signature of Individual or Corporate Name (Mandatory)

[Signature]  
By: Corporate Officer (Mandatory, if a corporation)

041-358-2440  
\*\* 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.