

TAXICAB MEDALLION APPLICATION AND TAXICAB OPERATOR LICENSE APPLICATION

MAY 31 P 3:34

Application Fee \$250.00
Date 5/30/2012

FOR CITY CLERK'S OFFICE CITY CLERK'S OFFICE SOMERVILLE, MA
Date Recorded <u>5/31/12</u>
Amount Paid <u>\$250.00 Check</u>

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below, and grant a license to operate the same taxicab for the conveyance of persons for hire from place to place within the City. This ownership and 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 Board of Aldermen and/or City Officials. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 75

Current Owner Name ERTA COMPERE Phone 978-230-6761

Address (Include Zip Code) P O BOX 370 MEDFORD MA 02155

Applicant Name ERTA COMPERE Phone 978-230-6761

Mailing Address (Include Zip Code) P O BOX 370 MEDFORD MA 02155

Tax Identification Number: 042788315 Check one: SSN FEIN

If a corporation, name of Majority Shareholder _____

Date of birth _____ SSN _____

Do you hold a valid Somerville Taxi Driver's License? Yes No

Do you hold a Taxi Driver's License in another city? Yes No

If yes, in what City/State? _____

Do you own a Somerville Taxicab Medallion? Yes No

Have you ever owned a Somerville Taxicab Medallion? Yes No

Have you ever owned a Taxi Medallion elsewhere? Yes No

If yes, in what City/State? _____

Provide the following information if a bank is financing the purchase:

Name of Bank _____

Address (Include Zip Code) _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

75

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Exact name of taxpayer/applicant's business: SLS TRANSPORTATION INS
- Address of taxpayer/applicant's business in Somerville: 1000 WINDSOR PLACE
- Address of taxpayer/applicant's home in Somerville: P.O. BOX 370 MEDFORD MA
- Taxpayer/applicant's phone: day: 978-230-6761 evening: 978-230-6761

I, _____, 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 24 day of

MAY, 20 12. _____
(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: _____

16348 # 146002011 # _____

NOTES:

CLERK'S INITIALS: URB


ORIGINAL STAMP: _____

RECEIVED
URBAN
5-31-12

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042788315

** 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.