

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Taxi Stand License

GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE MA 02143 License #:

BL15-000950

File #:

15-87

Fee:

990

Review and update the information below. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. 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: GREEN AND YELLOW CAB Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE GERALD CHAILLE	
FID: 042590310	
Emergency Contact: CHERYL HORAN Phone: 978-273-3777	
Location: LOCATION: 295 BROADWAY # of Taxis at this location: 6	

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 approyal 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:						
Printed Name:	Phone: 6/7/78/08/						



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City of Somerville, Massachusetts of FOR'S OFFICE Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business:							
Address of taxpayer/applicant's business in Somerville: GOO Landson St.							
Address of taxpayer/applicant's home in Somerville:							
Taxpayer/applicant's pho	one: day:617-712-85	evening:					
I, (print name) hereby certify that all the due the City have been p and fees and is current or	oaid or that the Taxpayo	, the undersigned herein is true and correct and er has entered into an agreem	ed Taxpayer, do d all taxes and fees ent to pay all taxes				
SIGNED UNDER THE	PAINS AND PENAL	TIES OF PERJURY, this	day of				
***************************************	, 20	(Taxpayer's signat	ure)				
	CITY'S ACKNO	WLEDGEMENT UDES RELEVANT POSTINGS THROUGH					
		LUDED IN CERTIFICATE:					
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:				
# N(A	# NA	# 1296	<u>#</u>				
NOTES:	Real						
CLERK'S INITIALS:		ORIGINAL STAMP:					

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applic	ant infor	mation:					
Name:		Green	Automo	tive, Inc.		- A SACRETURE - THE SACRETURE	
Addres	s:	600 Wi	ndsor P	lace			
City:	Somerv	ille		State:	Ma	Zip:02143	Phone #:(617) 628-2222
(full I am emp We exe	and/or part a sole problems. a sole problems. are a corresponding personal problems.	oration to coration to coratio	or partne hat has e l(4), and ganizatio	employees ership and have no exercised our right have no employee n staffed by yees.	of	Restaurant/Bar/Eatin Office and/or Sales (Nonprofit Entertainment Manufacturing Health Care Other_Auto Repair	real estate, auto, etc.)
Worke	rs' comp	ensation	insuran	ce information (if	applica	ble):	
Insuran	ce Compa	any Name	e:	Arbella		_	
Address	s: 1100	Crown	Colony 1	Drive	5		
City: C	Duincy	State:	Ma	Zip: 02169	Phone #	#: (508) 297-0484	
Policy #	# ;	4220053	38331				Expiration Date: 04/01/17
Applica	ant certif	ication:					
penaltie WORK	s of a fin ORDER	e up to \$ and a f	1,500.00 fine of \$	and/or one years'	impriso	nment as well as civil per	o the imposition of criminal nalties in the form of a STOP by of this statement may be
I do her	eby certif	y under t	he pains	and penalties of p	erjury th	at the information provide	d above is true and correct.
Signatu	re:	/	Liral	RKING		Date:	4/19/16
Print Na	ame:	Gerald	R. Chai	lle			
	0	fficial us	se only. I	Do not write in thi	s area. T	o be completed by city or	town official.
	or Town:			Permit	/License	#:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Com	uci 1 c/30	71.	*****************	Fnone	#•		Other

(revised Jan. 2008)