

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 4-26-11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/26/2011
Amount Paid 250.00

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 88

Applicant's Legal Name: Chad A Silva Phone: 617-501-6189

Applicant's Address (with Zip Code): 370 Highland Ave Somerville Ma, 02144

Applicant's Email Address: CSILVA200@AOL.COM

Applicant's Federal Employer Identification Number: 43-2105857

Mailing Name (where we should send correspondence to): Michael Cab, Inc

Mailing Address (with Zip Code): 370 Highland Ave Somerville Ma, 02144

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: Chad A Silva

Address with Zip Code: 370 Highland Ave Somerville Ma, 02144

Partner's/Member's/Secretary's Name: Chad A. Silva

Address with Zip Code:

Partner's/Member's/Treasurer's Name: Chad A. Silva

Address with Zip Code:

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: Chad Silva Date: 4-26-11

Print Name: Chad Silva Phone: 617-501-6189

2011 APR 26 9:41A
CITY CLERK'S OFFICE
SOMERVILLE MA

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.

Michael Cab Inc

* Signature of Individual or Corporate Name (Mandatory)

Clad Sh

By: Corporate Officer (Mandatory, if a corporation)

43-2105857

** 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

- Exact name of taxpayer/applicant's business: Michael Cab Inc
- Address of taxpayer/applicant's business in Somerville: 370 Highland Ave Som. Ma. 02144
- Address of taxpayer/applicant's home in Somerville: 370 Highland Ave. Som. Ma 02144
- Taxpayer/applicant's phone: day: 617-501-6189 evening: Same

I, Chad A Silva, 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 26th day of April, 20 11. Chad Silva
(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: _____
- # 19622195 # 316074001 # NO ACC # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

received
6-4-26-11