



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

2013 APR -8 P 1.23

CITY CLERK'S OFFICE  
SOMERVILLE, MA**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**ALEWIFE TRANSPORTATION COMPANY INC**  
PO BOX 1676  
WESTFORD, MA 01886

License #: 407

City #65

Fee: 250.00

Account ID: 326

Reference #: 407

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>ALEWIFE TRANSPORTATION COMPANY INC</b>	
Business Location: <b>OUT OF AREA</b>	
Business Phone: <b>978-423-8775</b>	
License Holder: <b>ALEWIFE TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b> <b>978-423-8775</b>	
Mailing Address: <b>ALEWIFE TRANSPORTATION COMPANY INC</b> <b>WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b>	
FID: <b>043247085</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #65**

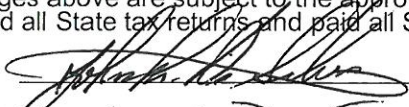
Description of Location and/or Other Conditions:

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:   
Print Name: JOHN DASILVA

Date: 4/4/13  
Phone: 978-423-8775



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2013 APR -8 P 1.23

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**ALEWIFE TRANSPORTATION COMPANY INC**  
PO BOX 1676  
WESTFORD, MA 01886

License #: 408

City #69

Fee: 250.00

Account ID: 326

Reference #: 408

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>ALEWIFE TRANSPORTATION COMPANY INC</b>	
Business Location: <b>OUT OF AREA</b>	
Business Phone: <b>978-423-8775</b>	
License Holder: <b>ALEWIFE TRANSPORTATION COMPANY INC</b> <b>PO BOX 1676</b> <b>WESTFORD, MA 01886</b> <b>978-423-8775</b>	
Mailing Address: <b>ALEWIFE TRANSPORTATION COMPANY INC</b> <b>WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DASILVA</b> <b>SECRETARY - JOHN DASILVA</b>	
FID: <b>043247085</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #69**

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: \_\_\_\_\_

Date

4/4/13

Print Name: \_\_\_\_\_

JOHN DASILVA

Phone

978-423-8775



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

2013 APR -8 P 1:23

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
License #:

**ALEWIFE TRANSPORTATION COMPANY INC  
PO BOX 1676  
WESTFORD, MA 01886**

409  
City #80  
Fee: 250.00  
Account ID: 326  
Reference #: 409

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>ALEWIFE TRANSPORTATION COMPANY INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>978-423-8775</b>	
License Holder: <b>ALEWIFE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775</b>	
Mailing Address: <b>ALEWIFE TRANSPORTATION COMPANY INC WESTFORD, MA 01886</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA</b>	
FID: <b>043247085</b>	
Food Manager/Emergency Contact: <b>JOHN DASILVA</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #80**

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: \_\_\_\_\_

Date

4/4/13

Print Name: \_\_\_\_\_

JOHN DASILVA

Phone

978-423-8775