## **IMPORTANT**

## Dear License Holder:

License Type: Taxi Stand License Number: #191515

Business Name: Green and Yellow Cab

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

Location: 1 Davis Sq
Taxicabs: 4
Special Conditions (if any):
Renewal Fee (Return with this application): \$150 per Stand
PLEASE FILL IN ALL SIX BOXES BELOW:
The DBA Name of the Business: Well I I I Well Well Business:
Somerville Address and Zip Code: hoo winds
Phone Number of the Business: 6176781081
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The Legal Name of the License Holder: $UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU$
Street Address of the License Holder: 600 WINDSOF PIGCO
City, State and Zip Code of the License Holder: 00/1/V/W, WW 03/43
Phone Number of the License Holder: 61767877773
Email Address of the License Holder: Choran Archael & Yahoo Con
Where We Should Send Mail: Name:
Street Address: 600 W1/10 JO FIRCO
City, State and Zip Code: SOML/VIW, MM
Email:
Phone Number:
A Harrison Contraction
Federal ID # (Do Not Give a Social Security #): UY 15 4 05 1 0
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Emergency Contact and Phone (For Fire Dept. Use):

Type of Business (Check Only One and Give the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
Trust: Names of All Trustees Who Own More Than 10%:
Corporation (inc. LLC): Name of President: White Milliams of Secretary:
Name of Treasurer:
Other (Attach a Description of the Form of Ownership and the Names of Owners)
ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.  -I have filed all State tax returns and paid all State taxes required by law for this business.  License Holder Signature:  Date  Date
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