

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

364

LOCHMERE TAXI INC **600 WINDSOR PLACE** SOMERVILLE, MA 02143

Fee:

City #21 250.00

Account ID:

307

Reference #:

364

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: LOCHN Business Location: OUT OF Business Phone: 617-628	FAREA			
License Holder: LOCHMERE TA: 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	XI INC			
Mailing Address: LOCHMERE TA 600 WINDSOR PLACE SOMERVILLE, MA 02143	AXI INC			
Business Type: CORPORATION SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILL TREASURER - GERALD CHAIL	√ E			
FID: 043170106				
Food Manager/Emergency Co KAREN TAMAGNA	ontact: 617-435-1979			
Conditions: (to change any co	nditions submit a new applicat	ion. Contact the City Clerk's Office for more information)		

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

Hours: NOT APPLICABLE

MEDALLION #21

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by I	LDERMEN
Signature:	Date 3/20//9
Print Name: Olad Chall	Phone 4/7 4/8/18/



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

365

LOCHMERE TAXI INC **600 WINDSOR PLACE** SOMERVILLE, MA 02143

Fee:

City #22 250.00

Account ID:

307

Reference #:

365

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: LOCHMERE TAX Business Location: OUT OF AREA Business Phone: 617-628-1081	(I INC			
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081				
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143				
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE)			
FID: 043170106				
Food Manager/Emergency Contact: KAREN TAMAGNA	617-435-1979			
Conditions: (to change any conditions, s	submit a new applicati	ion. Contact the City Clerk's Office for more information)		

Hours: NOT APPLICABLE

MEDALLION #22

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF A	
I have filed all State tax returns and paid all State taxes required by I	law for this business. /
Signature: Much K Challe	Date 3/26/14
Print Name: 60 roug (har/le	Phone (17638/08)



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

366

LOCHMERE TAXI INC **600 WINDSOR PLACE** SOMERVILLE, MA 02143

I hereby certify under the penalties of perjury that the following is true:

Signature:

Print Name:

-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.

Fee:

City #23 250.00

Account ID:

307

Reference #:

366

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	
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 043170106	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	
Conditions: (to change any conditions, submit a new application. Hours: NOT APPLICABLE MEDALLION #23	Contact the City Clerk's Office for more information)
Description of Location and/or Other Conditions:	

Phone



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

367

LOCHMERE TAXI INC **600 WINDSOR PLACE** SOMERVILLE, MA 02143

Fee:

City #24 250.00

Account ID:

307

Reference #:

367

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer

	nd 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: LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 043170106	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-19	79
Conditions: (to change any conditions, submit a new Hours: NOT APPLICABLE MEDALLION #24	application. Contact the City Clerk's Office for more information)
Description of Location and/or Other Conditions:	

Description of Location and/or Other Conditions:			
Library Commencer Commence			

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax perions and paid at ate taxes required by I	LDERMEN.
Signature: Shruld Rechalle	Date 3/20/14
Print Name: 6001d (") AI/U	Phone 6/7 (1)8 /08/



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

368

LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143

Fee:

City #25 250.00

Account ID:

307

Reference #:

368

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 Location:	LOCHMERE TAXI INC OUT OF AREA 617-628-1081			
License Holder: LOCHM 600 WINDSOR PLACE SOMERVILLE, MA 0214 617-628-1081				
Mailing Address: LOCHN 600 WINDSOR PLACE SOMERVILLE, MA 0214				
Business Type: CORPOI SECRETARY - CHERYL PRESIDENT - GERALD TREASURER - GERALI	CHAILLE			
FID: 043170106				
Food Manager/Emergo KAREN TAMAGNA	ency Contact: 617-435-1979			
Conditions: (to change	any conditions, submit a new applicati	on. Contact the City Clerk's Office for more information)		
HOLINGE MOT ADDI 10	DIE			

Hours: NOT APPLICABLE

MEDALLION #25

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 A large filed all State fax returns and raid all State taxes required by	ALDERMEN
I have filed all State tax returns and paid all State taxes required by	Date 3/20/19
Print Name: 62 rald Chaill	Phone 4/7/128/08/



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

369

LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 Fee:

City #26 250.00

Account ID:

307

Reference #:

369

Review and update the information below. <u>If you have workers compensation insurance</u>, 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)		
	OCHMERE TAXI INC OUT OF AREA 17-628-1081			
License Holder: LOCHME 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081		• ,		
Mailing Address: LOCHME 600 WINDSOR PLACE SOMERVILLE, MA 02143				
Business Type: CORPOR. SECRETARY - CHERYL PRESIDENT - GERALD C TREASURER - GERALD	HORAN CHAILLE			
FID: 043170106				
Food Manager/Emerge KAREN TAMAGNA	· ·	435-1979		
Conditions: (to change	any conditions, submit	a new application.	Contact the City Clerk's Office for more information)	

Hours: NOT APPLICABLE

MEDALLION #26

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 Al -I have filed all State tax returns and paid₊all State taxes required by I	LDERMEN. law for this business.,
Signature:/s/ra/A R Livell	Date3/30/19
Print Name: 6 l / a / a Cha / / Cha / Cha / Cha / Cha / / Cha /	Phone <u>117438/08/</u>



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

370

LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143

Fee:

City #79 250.00

Account ID:

307

Reference #:

370

Review and update the information below. <u>If you have workers compensation insurance</u>, 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.

	<u> </u>	
INFORMATION ON FILE:		CHANGES: (Note below or explain on a separate sheet)
	CHMERE TAXI INC FOF AREA -628-1081	
License Holder: LOCHMERE 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	TAXI INC	
Mailing Address: LOCHMERE 600 WINDSOR PLACE SOMERVILLE, MA 02143	E TAXI INC	
Business Type: CORPORATI SECRETARY - CHERYL HO PRESIDENT - GERALD CHA TREASURER - GERALD CH	AILLE	
FID: 043170106		
Food Manager/Emergency KAREN TAMAGNA	Contact: 617-435-1979	
Conditions: (to change any	conditions, submit a new applicati	on. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

MEDALLION #79

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 A I have filed all State tax returns and paid all State taxes required by I	LDERMEN. aw for this business.
Signature:	Date 3/20/19
Print Name: Olvald Chaille	Phone <u>(4/74)8/68/</u>



INFORMATION ON FILE:

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

371

LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143

Business/DBA Name: LOCHMERE TAXI INC

Fee:

City #91 250.00

Account ID:

CHANGES: (Note below or explain on a separate sheet)

307

Reference #:

371

Review and update the information below. <u>If you have workers compensation insurance</u>, 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.

Business Phone: 617-628-1081 License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE	
Mailing Address: LOCHMERE TAXI INC	
SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 043170106	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	
Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)	
Hours: NOT APPLICABLE	
MEDALLION #91	
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 ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business. Signature: Date 3 00000000000000000000000000000000000	
Print Name: Berald Chaile Phone 4/748/08/	



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Cab Co, Inc.						
Address of taxpayer/applicant's business in Somerville: 600 Windsor Place						
Address of taxpayer/applicant's home in Somerville:						
Taxpayer/applicant's phone: day: 6176281081 evening: 6176286666						
I, (print name) Gerald R. Chaille, 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						
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:			
#16602	# 146000011	# 1329	#			
NOTES:						
CLERK'S INITIALS:	Qu	ORIGINAL STAMP:	3/20/140			

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant in	formation:								
Name:		Green Auto	motive	e, Inc.					
Address:	600 Wind	lsor Place							
City:	Somer	ville	State:	Ма	Zip:	0214	3 Phone #:	61	76282222
I am an employer with22 employees Business Type: Retail						ent ito, etc.)			
Workers' co	mpensation inst	urance inform	ation (i	f applica	ble):				
Insurance Co	mpany Name:	Utica N	ationa	l Insura	ance C	0			
Address:	Р.	O. Box 653	32						
City:	Utica		State:	NY	Zip:	13504	Phone #:	617628	32222
Policy #:	100871	385		10-35			Expiration	n Date:	12-31-14
Applicant cer	rtification:								
penalties of a WORK ORD	fine up to \$1,50 ER and a fine the Office of Inv	0.00 and/or or of \$100.00 a	ne years' day aga	' imprisor ainst me.	nment as I under	well as o stand tha	ivil penalti	es in the f	orm of a STOP
I do hereby ce	rtify undefine p	ains and perfalt	ties of pe	erjury tha	t the info	rmation	provided at	A 1	and correct.
Signature:	MIN	VAV	1/0				Date:	3/06/	174
Print Name:		MILL	HO	111	<u>) </u>	100 No. 100 No			
CONTRACTOR NO.				NA SERVICE	Designation of the last of the	T. T.	Medical Color		
	Official use on	ly. Do not writ	te in this	area. To	be comp	pleted by	city or tow	n official.	4
City or Tox	vn:		Permit	/License †	¥:	-1.65		Buildin City/To Licensin	of Health g Department wn Clerk ng Board en's Office
Contact Pe	rson:		Phone		for the house			_Other	
(revised Jan. 2	008)	and the state of t	de Later Colo	is all the	April 200 miles	il residence	تغطيات لطاع	المنطقة	and the state of the