# TAXICAB MEDALLION APPLICATION AND TAXICAB OPERATOR LICENSE APPLICATION

Nonrefundable Application Fee_\$305.00	FOR CITY CLERK'S OFFICE ONLY
Data 6/3/3/1/2	Date Recorded
Date	Amount Paid
Medallion #34	
Current Owner Name Somerul // Vellow ( Address (Include Zip Code) 600 [N. n. digd?	as Inc Phone 617 128 1081
Address (Include Zip Code) 600 [N.ndial	- PI Somerulle MA 02/83
Applicant Name Karen Lina	Phone 6/7 628/08/
Mailing Address (Include Zip Code) 600 Win	door Pl Somerulle MA call
Federal Employer Identification Number (Not your social	ul security #): 81-226/296
If a corporation, name of Corporation 60000 a	nd Yellow Cas TNC of Somer
If a corporation, name of Majority Shareholder(s)	Cheryl Horan, Karen Cima
Do you hold a valid Somerville Taxi Driver's License	
Do you hold a Taxi Driver's License in another city?	
If yes, in what City/State?	105110
Do you own a Somerville Taxicab Medallion?	✓ Yes No
Have you ever owned a Somerville Taxicab Medallio	
Have you ever owned a Taxi Medallion elsewhere?	Yes No
If yes, in what City/State?	100110
ACKNOWLEDGEMENT	
I hereby state that all information provided on the understand that any information that is found to forfeiture of this license. I agree that this license will and limitations set forth in the Somerville Code of O laws, and any conditions prescribed by the City of So not be transferrable, and shall be revocable at any time I certify under the penalties of perjury that I, to my State tax returns and paid all State taxes required under Signature of Applicant:	be false or misleading may result in the ll be subject to all of the terms, conditions, ordinances, any applicable State and Federal emerville. I understand that this license shall be at the pleasure of the Board of Aldermen. I best knowledge and belief, have filed all

Provide the following information if a bank is financing the purchase:
Name of Bank
Federal Employer Identification Number
Provide the following information if a corporation is financing the purchase:  Name of Corporation
Federal Employer Identification Number
Name of Majority Shareholder(s)
Provide the following information if an individual is financing the purchase:  Name of Individual
Address (Include Zip Code)
Describe any other financing: NON
Medallion #3 6
<ul> <li>Include with this Application the following documents:</li> <li>The attached Certificate of Good Standing.</li> <li>A copy of an executed Purchase and Sale Agreement.</li> <li>If Applicant is a corporation, a copy of the Articles of Incorporation and a Certificate of Corporate Authority.</li> <li>NOTE: If the Application is approved, forward to the City Clerk a copy of a valid Registration for the vehicle, upon issuance by the Registry of Motor Vehicles.</li> </ul>
TAXI BUREAU RECOMMENDATION:
The Somerville Taxi Bureau recommends that the application be: Approved Denied
Signature Date 5-25-/6
Print name Sqt John Cobie! Title Sqt

#### TAXICAB MEDALLION AND SALE AGREEMENT

AGREEMENT made by and between Green and Yellow Cab TNC of Somerville, Inc., and Somerville Yellow Cab, Inc. Somerville, MA 02143 hereinafter called the SELLER

AND Cheryl Horan, Karen Lima and Linda Nixon, or corporate nominee, 600 Windsor Pl., Somerville, MA 02143

hereinafter called the BUYER.

WHEREAS, the SELLER is willing to sell and the BUYER is willing to buy a certain Hackney Carriage License and Medallion, issued by the Board of Aldermen of the City of Somerville, being numbered 36 for the year 2016 for consideration of \$80,000.00 or future consideration, whichever is less, it is hereby agreed that:

1. The BUYER hereby gives to the SELLER the sum of

N/A as a deposit towards said purchase price, balance to be paid over in certified or cashier's checks, after approval of the transfer of said Hackney Carriage Medallion to the Buyer, and at time of sale.

 The SELLER hereby warrants that said Hackney Carriage Medallion has not been pledged, mortgaged or hypothecated and is free and clear of any and all encumbrances, and there are no monies due thereon, except to: NONE.

BUYER shall have the right to use purchase funds to pay off any outstanding encumbrances.

If the BUYER is financing the purchase money for this transaction, then the SELLER agrees to comply with all requirements set forth by the financing institution as to provide good, clear marketable title.

- 3. SELLER warrants that the motor vehicle and equipment sold herein will be in substantially the same condition as of the date of this AGREEMENT, reasonable wear and tear excepted. The BUYER acknowledges that he has inspected said motor vehicle and equipment. BUYER shall have the right to inspect said motor vehicle on the day prior to passing to make sure it complies with the provisions of this paragraph.
- 4. It is further agreed that the parties shall forthwith and expeditiously sign any and all papers or forms required by the Hackney Carriage Division of the Board of Aldermen of the City of Somerville in order to apply for permission for this transaction, and when permission is granted, to act within seven days of notification of approval of transfer to complete this sale and transaction.
- 5. Delivery of the Medallion and motor vehicle, if any, will be made to the BUYER at the place of passing of title, unless otherwise agreed upon between parties.
- 6. It is strictly understood by and between that this entire transaction and sale is subject to the approval of the Board of Aldermen of the City of Somerville, and in the event said approval is not obtained then the deposit given shall be returned to the BUYER.

IN WITNESS WHEREOF, we hereunto set our hands and seals this DATE\_\_\_\_\_\_\_\_

SELLER

WITNESS

Somerville Yellow Cab, Inc.

President

Gerald R. Chaille

WITNESS

**BUYER** 

Cheryl Horan

Karen Lima

Linda Nixon

Date of this notice: 04-18-2016

Employer Identification Number:

81-2261290

Form: SS-4

Number of this notice: CP 575 A

GREEN AND YELLOW CAB TNC OF SOMERVILLE INC 600 WINDSOR PL SOMERVILLE, MA 02143

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2261290. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

#### IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



# William Francis Galvin Secretary of the Commonwealth of Massachusetts



# **Corporations Division**

**Payment Confirmation** 

Date: 4/18/2016

Confirmation date/time:

4/18/2016 9:27:38 AM

Confirmation number:

02763J

Invoice number:

02000130096137753250296

Payment ID number:

4932314

Transaction ID number:

9613775

Transaction category:

**Domestic Profit Corporation** 

Transaction type:

**Articles of Organization** 

**Entity name:** 

GREEN AND YELLOW TNC OF SOMERVILLE INC.

Filing fee:

\$250.00

Expedited service fee:

\$15.00

Total fee:

\$265.00

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

Note that for security reasons your payment credit card and/or bank information is processed at a secure website. The Secretary of the Commonwealth does not retain any payment information.

E-check transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned, you will be billed for the transaction at that time.

If you have any questions about your request, contact our office:

phone: 617-727-9640

email: corpinfo@sec.state.ma.us



2016 102 1 H P 12: 04

# City of Somerville, Massachusetts of FICE Finance Department, Treasury Division

### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/	applicant's business:						
Address of taxpayer/applicant's business in Somerville: 600 WindSon 3t							
Address of taxpayer/app	licant's home in Somery	ville:					
Taxpayer/applicant's pho	one: day:617-712-85	585 evening:					
I, (print name) hereby certify that all th due the City have been p and fees and is current or	paid or that the Taxpaye	, the undersigned herein is true and correct and er has entered into an agreement	ed Taxpayer, do all taxes and fees ent to pay all taxes				
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of							
-	, 20	(Taxpayer's signate	ure)				
	CITY'S ACKNO	WLEDGEMENT					
DATE OF ISSUANCE	trbella inch	UDES RELEVANT POSTINGS THROUGH	н:				
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:							
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:				
# N(A	# NA	# 1296	#				
NOTES:	Lee.						
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

Applicant inform	iation:				
Name:	Green Automot	ive, Inc.	ata Malanana ana Printsia.		
Address:	600 Windsor Pl	ace			
City: Somervi	lle	State:	Ma	Zip;02143	Phone #:(617) 628-2222
employees.  We are a corpo exemption per We are a nonp	t time).  oprietor or partner  oration that has executed the control of the contr	rship and have no xercised our right have no employee a staffed by	of	Restaurant/Bar/Ear  Restaurant/Bar/Ear  Office and/or Sales  Nonprofit  Entertainment  Manufacturing  Health Care  Other_Auto Repair	ting Establishment s (real estate, auto, etc.)
Workers' compe	nsation insuran	ce information (if	applica	able):	
Insurance Compar	y Name:	Arbella		_	
Address: 1100 (	Crown Colony I	Drive			
City: Ouincy	State: Ma	Zip: 02169	Phone	#: (508) 297-0484	
Policy #:	42200538331				Expiration Date: 04/01/17
Applicant certific	ation:				
penalties of a fine	up to \$1,500.00 and a fine of \$	and/or one years' 100.00 a day aga	impriso inst me	onment as well as civil p	to the imposition of criminal cenalties in the form of a STOP copy of this statement may be
I do hereby certify	under the pains	and penalties of pe	erjury th	at the information provide	ded above is true and correct.
Signature:				Date	:
Print Name:	Gerald R. Chail	l <u>e</u>		- PAGE - 15	Vices of the second
Off	ficial use only. D	o not write in this	area. 1	o be completed by city of	or town official.
Off City or Town:_  Contact Person		Permit	/License	? #:	Building Department City/Town Clerk Licensing Board
M COMMENT PIDOM		Phone	#:		Selectmen's Office Other
(revised Jan. 2008)					