



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

2013 APR -2 P 3:10

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**SILVA CAB INC**  
457 SOMERVILLE AVE #2  
SOMERVILLE, MA 02145

License #: 425

City #83

Fee: 250.00

Account ID: 334

Reference #: 425

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>SILVA CAB INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-501-6189</b>	
License Holder: <b>SILVA CAB INC</b> <b>457 SOMERVILLE AVE #2</b> <b>SOMERVILLE, MA 02145</b> <b>617-501-6189</b>	02143
Mailing Address: <b>SILVA CAB INC</b> <b>SOMERVILLE, MA 02145</b>	02143
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - CHAD SILVA</b> <b>SECRETARY - CHAD SILVA</b>	S - Corporation Treasurer - Chad Silva
FID: 743147251	
Food Manager/Emergency Contact: <b>PAUL SILVA</b> <b>617-628-9753</b>	Chad Silva 617 501 6189

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

Hours: **NOT APPLICABLE**

**MEDALLION #83**

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: Chad Silva Date: 4/2/13  
Print Name: Chad Silva Phone: 617 501-6189



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Silva Cab Inc

Address of taxpayer/applicant's business in Somerville: 457 Somerville Ave Som Ma. 02143

Address of taxpayer/applicant's home in Somerville: 457 Somerville Ave Som Ma. 02143

Taxpayer/applicant's phone: day: 617 501 6189 evening: 617-501 6189

I, (print name) Chad 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 2nd day of April, 20 13. 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: \_\_\_\_\_

# 13728 # 242030001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED  
UB  
4-2-13