

IMPORTANT

Dear License Holder:

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.

License Type: Taxi Medallion

License Number: #191770

Business Name: Gardy Inc

Location: N/A

Medallion(s): 19

Special Conditions (if any):

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: Gady Inc
Somerville Address and Zip Code: 600 Windsor Place
Phone Number of the Business: 561-299-8913

The Legal Name of the License Holder: _____
Street Address of the License Holder: _____
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: _____
Email Address of the License Holder: _____

Where We Should Send Mail: Name: 600 Windsor Place
Street Address: _____
City, State and Zip Code: Somerville, MA 02145
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): _____

Emergency Contact and Phone (For Fire Dept. Use): _____

-OVER-

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 JUN 28 P 2:10

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: Gady Boesse

Name of Secretary: Baumanais Boesse

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: Baumanais Boesse Date 6-27-2012



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Gardy INC

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place Somerville

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 201-35 24 evening: _____

I, (print name) _____, 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 _____ day of _____, 20_____.
(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: _____

N/A # 146007011 # 1374 # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Baumanois Bosse

Address: 24 Elm St

City: Somerville State: MA Zip: 02145 Phone #:

- ☐ I am an employer with _____ employees (full and/or part time). Business Type: ☐ Retail
- ☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
- ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
- ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
- ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Entertainment
- ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Manufacturing
- ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Health Care
- ☒ Other Taxi

Workers' compensation insurance information (if applicable):

Insurance Company Name:

Address:

City: State: Zip: Phone #:

Policy #: Expiration Date:

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Baumanois Bosse Date: 6-27-2012

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____