

# TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date May 4, 2010

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/4/10 - ms

Amount Paid \$250.00 ckt 1528

To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 83

Name of Corporation Silva Cab Inc Phone: 617-501-6189

Street Address (for mailing) 370 Highland Ave

City, State, Zip Code Somerville Ma. 02144

Tax Identification Number: 74-3147251 Check one: ☐ SSN ☒ FEIN

Name of Applicant Chad Silva Phone 617-501-6189

Signed under the pains and penalties of perjury this 4th day of May, 20 10.

Signature of Applicant Chad Silva



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: Silva Cab Inc
2. Address of taxpayer/applicant's business in Somerville: 370 Highland Ave 02144
3. Address of taxpayer/applicant's home in Somerville: Same
4. Taxpayer/applicant's phone: day: 617 501 6189 evening: 617 501 6189

I, 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 4th day of May, 2010. 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: \_\_\_\_\_  
# 1962195 # 316074001 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: A

ORIGINAL STAMP: received  
5-4-10

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Silva Cab Inc

\* Signature of Individual or Corporate Name (Mandatory)

Olud S. Silva

By: Corporate Officer (Mandatory, if a corporation)

74-3147251

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.