



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

2013 MAY 20 A 10:16

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**GARDY INC**  
600 WINDSOR PLACE  
SOMERVILLE, MA 02145

License #: / 404  
City #19  
Fee: 250.00  
Account ID: 323  
Reference #: 404

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>GARDY INC</b><br>Business Location: <b>OUT OF AREA</b><br>Business Phone: <b>617-201-3524</b> |  |
| License Holder: <b>GARDY INC</b><br><b>600 WINDSOR PLACE</b><br><b>SOMERVILLE, MA 02145</b><br><b>617-201-3524</b>      |  |
| Mailing Address: <b>GARDY INC</b><br><b>SOMERVILLE, MA 02145</b>  |  |
| Business Type: <b>CORPORATION (INC. LLC)</b>  |  |
| FID: <b>810562943</b>   |  |
| Food Manager/Emergency Contact:   |  |
|   |  |

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

Hours: **NOT APPLICABLE**

**MEDALLION #19**

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: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_



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

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-888-7329 evening: 617 308-7436

I, (print name) Yves Elyssa, 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 20 day of

May, 2013. Yves Elyssa  
(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: \_\_\_\_\_

# 1347      # 146007011      # 16448      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**RECEIVED**  
UBaraw  
5-20-13