



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **78**

Fee: **450.00**

Account ID: **87**

Reference #: **78**

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 GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: 236 HIGHLAND AVENUE

3 TAXIS

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: 5/10/13

Print Name: CHERYL HORAN Phone: 617 628 1081



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **948**

Fee: **300.00**

Account ID: **87**

Reference #: **948**

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 GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

2013 MAY -8 P 3:44
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

LOCATION: **255 ELM STREET**

2 TAXIS

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Cheryl Horan* Date: 5/10/13

Print Name: Cheryl Horan Phone: 617 628 1081



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BOARD OF ALDERMEN
93 HIGHLAND AVENUE
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(617) 625-6600**

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **949**

Fee: **300.00**

Account ID: **87**

Reference #: **949**

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 GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: **503 BROADWAY**

2 TAXIS

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

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- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____

Date: 5/10/13

Print Name: Cheryl Horan

Phone: 617 628 1081



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **950**

Fee: **900.00**

Account ID: **87**

Reference #: **950**

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 GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

2013 MAY -8 PM 3:43
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

LOCATION: **295 BROADWAY**

6 TAXIS

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Cheryl Horan* Date: 5/10/13

Print Name: Cheryl Horan Phone: 617 628 1081



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SOMERVILLE, MA 02143
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APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **951**

Fee: **600.00**

Account ID: **87**

Reference #: **951**

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 GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

2013 MAY - 8 P 3:43
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

LOCATION: **1 DAVIS SQUARE**

4 TAXIS

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Cheryl Horan* Date: 5/10/13

Print Name: Cheryl Horan Phone: 617 628 1081



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **953**

Fee: **750.00**

Account ID: **87**

Reference #: **953**

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 GREEN AND YELLOW CAB	
Business Location: OUT OF AREA	
Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: **0 FOLEY STREET**

5 TAXIS

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

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- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Cheryl Horan* Date: 5/10/13

Print Name: Cheryl Horan Phone: 617-628-1081



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(617) 625-6600**

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **954**

Fee: **600.00**

Account ID: **87**

Reference #: **954**

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 GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
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Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: **30 WASHINGTON STREET**

4 TAXIS

Description of Location and/or Other Conditions:

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Cheryl Horan* Date: 5/10/13

Print Name: Cheryl Horan Phone: 617 628 1081



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(617) 625-6600

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **955**

Fee: **450.00**

Account ID: **87**

Reference #: **955**

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 GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

2013 MAY - 8 PM 3:43
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

LOCATION: 22-26 UNION SQUARE

3 TAXIS

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

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-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: 5/10/13

Print Name: CHERYL HORAN Phone: 617 628 1081