



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 APR 20 P 2:23

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000377
File #: 15-311
Fee: 305

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: MT. PLEASANT TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043208616	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	<i>Karen Lima</i>
Medallion #(s): MEDALLION #39	

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: _____

Printed Name: _____

Phone: _____

Gerald Chaille

4/19/16

Gerald Chaille

617 628 1081



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Commonwealth of Massachusetts
93 Highland Avenue
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(617) 625-6600

2016 APR 20 P 2:23

Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000378
File #: 15-311
Fee: 305

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)
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License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043208616	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #40	

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: _____

Printed Name: _____

Phone: _____

Gerald R Chaille

4/19/16

Gerald Chaille

617 628 1081



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 APR 20 P 2: 23

Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000379
File #: 15-311
Fee: 305

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: MT. PLEASANT TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043208616	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	<i>Karen Lima</i>
Medallion #(s): MEDALLION #41	

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: *Gerald R Chaille* Date: *4/19/16*
Printed Name: *Gerald Chaille* Phone: *617 628 1081*



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 APR 20 P 2:23

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000380
File #: 15-311
Fee: 305

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: MT. PLEASANT TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043208616	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	<i>Karen Lima</i>
Medallion #(s): MEDALLION #42	

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: *Gerald R Chaille* Date: *4/19/14*
Printed Name: *Gerald Chaille* Phone: *6176281081*



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 APR 20 P 2:23

Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000381
File #: 15-311
Fee: 305

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: MT. PLEASANT TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043208616	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	<i>Karen Lima</i>
Medallion #(s): MEDALLION #43	

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: *Gerald R Chaille* Date: *4/19/16*

Printed Name: *Gerald Chaille* Phone: *617 628 1081*



2016 APR 14 P 12:04

City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

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

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

Taxpayer/applicant's phone: day: 617-712-8585 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: Arbeller INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

N/A # N/A # 1296 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

