



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

Application to Renew Taxi Medallion License

IKE INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000354
File #: 15-304
Fee: 250

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: IKE INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: IKE INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 042778092	
Emergency Contact: KAREN TAMAGNA Phone: 617-435-1979	617 949 1002
Medallion #(s): MEDALLION #81	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2015 MAR 31 P 1:53

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: 3/30/15

Printed Name: Gerald Chaille Phone: 617 628 1081



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IKE INC
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SOMERVILLE MA 02143

License #: BL15-000355
File #: 15-304
Fee: 250

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INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
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Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 042778092	
Emergency Contact: KAREN TAMAGNA Phone: 617-435-1979	617 949 1002
Medallion #(s): MEDALLION #84	

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: _____

Printed Name: _____

Phone: _____