

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Medallion

License Number: #191343

Business Name: W.L.E.J. Inc

Location: N/A

Medallion(s): 76

Special Conditions (if any):

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	W. L. E. J. Inc.
Somerville Address and Zip Code:	N/A
Phone Number of the Business:	617-755-4460

The Legal Name of the License Holder:	Andre Camille
Street Address of the License Holder:	15 William St
City, State and Zip Code of the License Holder:	Medford, MA 02155
Phone Number of the License Holder:	617-755-4460
Email Address of the License Holder:	N/A

Where We Should Send Mail: Name:	W. L. E. J. Inc.
Street Address:	15 William St.
City, State and Zip Code:	Medford, MA 02155
Email:	N/A
Phone Number:	617-755-4460

Federal ID # (Do Not Give a Social Security #):	
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Emergency Contact and Phone (For Fire Dept. Use):	Andre Camille 617-755-4460
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	_____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	_____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:	_____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President:	<u>Andre Camille</u>
Name of Secretary:	_____
Name of Treasurer:	_____
Other (Attach a Description of the Form of Ownership and the Names of Owners)	

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

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

License Holder Signature: Andre Camille Date _____