



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

Application to Renew Taxi Medallion License

**ELZIRA AND LUC INC
600 WINDSOR PLACE
SOMERVILLE MA 02143**

License #: BL15-000348
File #: 15-300
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: ELZIRA AND LUC INC Business Location: 0 OUT OF AREA Business Phone: 781-389-0485	
License Holder: ELZIRA AND LUC INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: ELZIRA AND LUC INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation LUC GUERINE ELZIRA GUERINE ELZIRA GUERINE	
FID: 043579786	
Emergency Contact: LUC GUERINE Phone: 781-526-3439	
Medallion #(s): MEDALLION #6	

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: _____

**TAXICAB MEDALLION APPLICATION
AND TAXICAB OPERATOR LICENSE APPLICATION**

Nonrefundable Application Fee \$250.00

Date 5-01-15

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below, and grant a license to operate the same taxicab for the conveyance of persons for hire from place to place within the City. This ownership and license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Officials. This license shall not be transferrable, and shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 6

Current Owner Name LUC GUERIN

Phone 781-389-0485

Address (Include Zip Code) 600 WINSOR PL

Applicant Name LUC GUERIN

Phone 781-389-0485

Mailing Address (Include Zip Code) _____

Federal Employer Identification Number (Not your social security #): _____

If a corporation, name of Corporation _____

If a corporation, name of Majority Shareholder(s) _____

Do you hold a valid Somerville Taxi Driver's License?

☒ Yes ☐ No

Do you hold a Taxi Driver's License in another city?

☐ Yes ☒ No

If yes, in what City/State? _____

Do you own a Somerville Taxicab Medallion?

☒ Yes ☐ No

Have you ever owned a Somerville Taxicab Medallion?

☒ Yes ☐ No

Have you ever owned a Taxi Medallion elsewhere?

☐ Yes ☒ No

If yes, in what City/State? _____

2015 APR 30 1 A 10 08
CITY CLERK'S OFFICE
SOMERVILLE, MA

Provide the following information if a bank is financing the purchase:

Name of Bank SOVEREIGN

Provide the following information if a corporation is financing the purchase:

Name of Corporation ELZIRA AND LUC

Name of President LUC GUERINE

Name of Majority Shareholder(s) _____

NOTE: Include a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.

Provide the following information if an individual is financing the purchase:

Name of Individual _____

Address (Include Zip Code) _____

NOTE: Include a REAP Attestation signed by the individual.

Describe any other financing: _____

Medallion # 6

Include with this Application the following documents:

- The attached REAP Attestation signed by the Applicant.
- The attached Certificate of Good Standing.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and a Certificate of Corporate Authority.
- If financing is by a corporation, a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.
- If financing is by an individual, a REAP Attestation signed by the individual.
- **NOTE:** If the Application is approved, forward to the City Clerk a copy of a valid Registration for the vehicle, upon issuance by the Registry of Motor Vehicles.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: LUC GUERINE Date: 5-01-15

Print Name: LUC GUERINE Phone: 781-389-0485

TAXI BUREAU RECOMMENDATION:

The Somerville Taxi Bureau recommends that the application be: Approved Denied

Signature _____ Date _____