## TAXICAB MEDALLION RENEWAL

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
	Date Recorded 6/1/10 - 1/18
Date 6 - 01 - 10	Date Recorded 6/1/10 - MS  Amount Paid # 250. 6 cf # 1315
To the Honorable, the Board of Aldermen of the	City of Somerville, Massachusetts:
The undersigned respectfully prays that the Boalisted below. This ownership will be subject to all forth in the Somerville Code of Ordinances, any conditions prescribed by the Board of Aldermen an revocable at any time at the pleasure of the Board of	of the terms, conditions, and limitations set applicable State and Federal laws, and any d/or City Departments. This license shall be
Medallion # 72	
Name of Corporation Ochrey Cab In Street Address (for mailing) 62 Clinton	2C. Phone: \$57_417_2816
Street Address (for mailing) GZ Clinton	St Exerct mass
City, State, Zip Code Exect. ma 0	2149
Tax Identification Number: <u>06. 3692500</u>	Check one:SSNFEIN
Name of Applicant Tony Andre	Phone \$57_417_2816
Signed under the pains and penalties of perjury this	
Signature of Applicant Tony Andre	

## MASSACHUSETTS DEPARTMENT OF REVENUE

## REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.