



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Taxi Stand License

GREEN CAB CO INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000954
File #: 15-87
Fee: 660

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: GREEN AND YELLOW CAB Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE GERALD CHAILLE	
FID: 042590310	
Emergency Contact: CHERYL HORAN Phone: 978-273-3777	
Location: LOCATION: 30 WASHINGTON STREET # of Taxis at this location: 4	

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: _____

Cheryl Horan
Cheryl Horan
6/10/16
617 628 1081



2015 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: Arbella INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

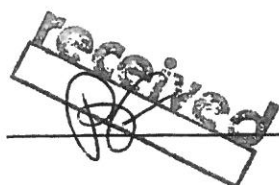
Real Estate Water/Sewer Personal Property Other: _____

N/A # N/A # 1296 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Green Automotive, Inc.

Address: 600 Windsor Place

City: Somerville State: Ma Zip: 02143 Phone #: (617) 628-2222

- I am an employer with 24 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arbella

Address: 1100 Crown Colony Drive

City: Quincy State: Ma Zip: 02169 Phone #: (508) 297-0484

Policy #: 42200538331 Expiration Date: 04/01/17

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Gerald R. Chaille Date: 4/19/16

Print Name: Gerald R. Chaille

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____