

# 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: #191339  
Business Name: Silcor Transportation Company Inc  
Location: N/A  
Medallion(s): 51, 52, 77, 93  
Special Conditions (if any):

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

2012 MAY -2 A 8:51  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: Silcor Trans. Co. Inc

Somerville Address and Zip Code: N/A

Phone Number of the Business: 978-423-8775

The Legal Name of the License Holder: Silcor Trans. Co. Inc

Street Address of the License Holder: 33 Nabnasset St

City, State and Zip Code of the License Holder: Westford, Ma 01886

Phone Number of the License Holder: 978-723-8775

Email Address of the License Holder: john.dasilva@verizon.net

Where We Should Send Mail: Name: Silcor Trans. Co. Inc

Street Address: PO Box 1676

City, State and Zip Code: Westford, Ma 01886

Email: john.dasilva@verizon.net

Phone Number: 978-423-8775

Federal ID # (Do Not Give a Social Security #): 04-3242035

Emergency Contact and Phone (For Fire Dept. Use): 978-423-8775

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

       Sole Proprietor: Name of Owner: \_\_\_\_\_

       Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

       Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation (inc. LLC): Name of President: John DaSilva

Name of Secretary: Same

Name of Treasurer: Same

       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: \_\_\_\_\_

Date 5/1/12