

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: #191526
Business Name: 32 Summer St Corp
Location: N/A
Medallion(s): 29
Special Conditions (if any):

2012 MAY -7 A 11:45
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	32 Summer St Corp.
Somerville Address and Zip Code:	02143
Phone Number of the Business:	617-776-8864

The Legal Name of the License Holder:	LAMARTINE DANIER
Street Address of the License Holder:	32 Summer St
City, State and Zip Code of the License Holder:	Som MA 02143
Phone Number of the License Holder:	617-776-8864-775-0453
Email Address of the License Holder:	LAMARTINE.DANIER@yahoo.com

Where We Should Send Mail: Name:	32 Summer St
Street Address:	
City, State and Zip Code:	Som MA 02143
Email:	LAMARTINE.DANIER@yahoo.com
Phone Number:	SAME

Federal ID # (Do Not Give a Social Security #):	04-3427843
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Emergency Contact and Phone (For Fire Dept. Use):	
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-OVER-

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

Sole Proprietor: Name of Owner: LAMARTINE DANIEL

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

Jessie Postle

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

Corporation (inc. LLC): Name of President: LAMARTINE DANIEL

Name of Secretary: Jessie Postle

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: _____

Date

5/7/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: 32 Summer St

Address of taxpayer/applicant's home in Somerville: 32 Summer St

Taxpayer/applicant's phone: day: 617-776-8864 evening: 617-775-0453

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: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

14604 # 232028001 # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

RECEIVED
UB
5-7-12

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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: LAMARTINE DANIEL
Address: 32 Summer St
City: Somerville State: MA Zip: 02143 Phone #: 617-776-8864

☐ I am an employer with _____ employees
(full and/or part time).

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

☒ 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: [Signature] Date: 5/7/12

Print Name: LAMARTINE DANIEL

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 _____