



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**W.L.E.J. INC  
15 WILLIAM ST  
MEDFORD, MA 02155**

License #: **429**

City #76

Fee: **250.00**

Account ID: **337**

Reference #: **429**

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: For <b>W.L.E.J. INC</b> Business Location: <b>OUT OF AREA</b> <i>Somerville</i> Business Phone: <b>617-755-4460</b> <i>857-247-3514</i>	
License Holder: <b>W.L.E.J. INC 15 WILLIAM ST MEDFORD, MA 02155 617-755-4460</b> <i>857-247-3514</i>	
Mailing Address: <b>W.L.E.J. INC MEDFORD, MA 02155</b> ✓	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - ANDRE CAMILLE SECRETARY - ANDRE CAMILLE</b> ✓	
FID: <b>800260955</b>	
Food Manager/Emergency Contact: <b>ANDRE CAMILLE</b> ✓	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

**MEDALLION #76**

Description of Location and/or Other Conditions:

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: *Andre Camille* Date \_\_\_\_\_

Print Name: *ANDRE CAMILLE* Phone \_\_\_\_\_