

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 5-12-12

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 2

Name of Corporation TR Cab Phone: 617/628/881

Street Address (for mailing) 600 Windsor Pl

City, State, Zip Code Somerville MA

Tax Identification Number: 04-3565292 Check one: ☐ SSN ☐ FEIN

Name of Applicant Tony Rahi Phone 617/628/881

Signed under the pains and penalties of perjury this 12 day of May, 20 12.

Signature of Applicant Tony Rahi

2012 MAY 17 A 9:00
CITY CLERK'S OFFICE
SOMERVILLE, MA



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Cab Assoc

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 628 1081 evening: _____

I, (print name) Gerald Chaille, 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 4 day of May, 2012. Gerald R Chaille
(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: _____

98000720 # 146007011 # 1374 # _____
16348

NOTES:

CLERK'S INITIALS: a

ORIGINAL STAMP:

