

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

**Application to Renew Taxi Medallion License**

**LEE TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000358  
**File #:** 15-306  
**Fee:** 250

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)
<b>Business/DBA Name:</b> LEE TAXI INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042787651	
<b>Emergency Contact:</b> KAREN TAMAGNA <b>Phone:</b> 617-435-1979	617 949 1002
<b>Medallion #(s):</b> MEDALLION #8	

2015 MAR 31 PM 1:54  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: Gerald Chaille Date: 3/30/15

Printed Name: Gerald Chaille Phone: 617 628 1081

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**Application to Renew Taxi Medallion License**

**LEE TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000359  
**File #:** 15-306  
**Fee:** 250

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> LEE TAXI INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042787651	
<b>Emergency Contact:</b> KAREN TAMAGNA <b>Phone:</b> 617-435-1979	6179491002
<b>Medallion #(s):</b> MEDALLION #9	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

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**Application to Renew Taxi Medallion License**

**LEE TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000360  
**File #:** 15-306  
**Fee:** 250

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)
<b>Business/DBA Name:</b> LEE TAXI INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042787651	
<b>Emergency Contact:</b> KAREN TAMAGNA <b>Phone:</b> 617-435-1979	617 949 1002
<b>Medallion #(s):</b> MEDALLION #10	

I hereby certify under the penalties of perjury that the following is true:

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Gerald Chaille Date: 3/30/15

Printed Name: Gerald Chaille Phone: 617 628/081



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Commonwealth of Massachusetts  
93 Highland Avenue  
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### Application to Renew Taxi Medallion License

**LEE TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000361  
**File #:** 15-306  
**Fee:** 250

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)
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<b>License Holder:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042787651	
<b>Emergency Contact:</b> KAREN TAMAGNA <b>Phone:</b> 617-435-1979	617 949 1082
<b>Medallion #(s):</b> MEDALLION #11	

I hereby certify under the penalties of perjury that the following is true:

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Signature: Gerald R Chaille Date: 3/30/15

Printed Name: Gerald Chaille Phone: 617 628 1081



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Commonwealth of Massachusetts  
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**Application to Renew Taxi Medallion License**

**LEE TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000362  
**File #:** 15-306  
**Fee:** 250

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INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
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<b>License Holder:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042787651	
<b>Emergency Contact:</b> KAREN TAMAGNA <b>Phone:</b> 617-435-1979	617 949 1002
<b>Medallion #(s):</b> MEDALLION #12	

I hereby certify under the penalties of perjury that the following is true:

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- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Gerald R. Chaille Date: 3/30/15

Printed Name: Gerald Chaille Phone: 617 949 1002



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### Application to Renew Taxi Medallion License

**LEE TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000363  
**File #:** 15-306  
**Fee:** 250

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<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042787651	
<b>Emergency Contact:</b> KAREN TAMAGNA <b>Phone:</b> 617-435-1979	
<b>Medallion #(s):</b> MEDALLION #13	

I hereby certify under the penalties of perjury that the following is true:

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Signature: *Gerald R. Chaille* Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_