



# CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

## Application to Renew Taxi Medallion License

**MICHAEL CAB INC**  
**457 SOMERVILLE AVE #2**  
**SOMERVILLE MA 02143**

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
License #:  
File #:  
Fee:

BL15-000376  
15-310  
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> MICHAEL CAB INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-501-6189	
<b>License Holder:</b> MICHAEL CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
<b>Mailing Address:</b> MICHAEL CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation CHAD SILVA CHAD SILVA CHAD SILVA	
<b>FID:</b> 432105857	
<b>Emergency Contact:</b> CHAD SILVA <b>Phone:</b> 617-501-6189	
<b>Medallion #(s):</b> MEDALLION #88	

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: Chad Silva Date: 4/1/15

Printed Name: Chad Silva Phone: 617 501 6189



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Michael Cab Inc  
Address of taxpayer/applicant's business in Somerville: 457 Somerville Ave Apt 2 Som Ma. 02143  
Address of taxpayer/applicant's home in Somerville: 457 Somerville Ave Apt 2 Somerville Ma 02143  
Taxpayer/applicant's phone: day: 617-501-6189 evening: 617-501-6189

I, (print name) Chad Silva, 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 15<sup>th</sup> day of April, 20 15.  
Chad Silva  
(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: \_\_\_\_\_

# 13968 # 242030001 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB ORIGINAL STAMP:

