

TAXICAB MEDALLION APPLICATION AND TAXICAB OPERATOR LICENSE APPLICATION

Nonrefundable Application Fee \$305.00

Date 4-30-16

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded _____	
Amount Paid _____	

Medallion # 54

Current Owner Name Sullivan Square Taxi Inc Phone 617 628 1081

Address (Include Zip Code) 600 Windsor Pl Somerville MA 02143

Applicant Name Karen Lima Phone 617 628 1081

Mailing Address (Include Zip Code) 600 Windsor Pl Somerville MA 02143

Federal Employer Identification Number (Not your social security #): 81-2261290

If a corporation, name of Corporation Green and Yellow Cab TNC of Somerville

If a corporation, name of Majority Shareholder(s) Cheryl Horan, Karen Lima
Linda Nixon

Do you hold a valid Somerville Taxi Driver's License? Yes No

Do you hold a Taxi Driver's License in another city? Yes No

If yes, in what City/State? _____

Do you own a Somerville Taxicab Medallion? Yes No

Have you ever owned a Somerville Taxicab Medallion? Yes No

Have you ever owned a Taxi Medallion elsewhere? Yes No

If yes, in what City/State? _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. I agree that this license 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 City of Somerville. I understand that this license shall not be transferrable, and shall be revocable at any time at the pleasure of the Board of Aldermen. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: Karen A Lima Date: 4/30/16

Provide the following information if a bank is financing the purchase:

Name of Bank _____

Federal Employer Identification Number _____

Provide the following information if a corporation is financing the purchase:

Name of Corporation _____

Federal Employer Identification Number _____

Name of Majority Shareholder(s) _____

Provide the following information if an individual is financing the purchase:

Name of Individual _____

Address (Include Zip Code) _____

Describe any other financing: none

Medallion # 54

Include with this Application the following documents:

- The attached Certificate of Good Standing.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and a Certificate of Corporate Authority.
- NOTE: If the Application is approved, forward to the City Clerk a copy of a valid Registration for the vehicle, upon issuance by the Registry of Motor Vehicles.

TAXI BUREAU RECOMMENDATION:

The Somerville Taxi Bureau recommends that the application be:

Approved Denied

Signature _____

Date 5-25-16

Print name Sgt John O'Brien

Title Sgt

TAXICAB MEDALLION AND SALE AGREEMENT

AGREEMENT made by and between **Green and Yellow Cab TNC of Somerville, Inc., and Sullivan Square Transp, Inc. Somerville, MA 02143** hereinafter called the SELLER

AND **Cheryl Horan, Karen Lima and Linda Nixon, or corporate nominee, 600 Windsor Pl., Somerville, MA 02143**

hereinafter called the BUYER.

WHEREAS, the SELLER is willing to sell and the BUYER is willing to buy a certain Hackney Carriage License and Medallion, issued by the Board of Aldermen of the City of Somerville, being numbered **54** for the year **2016** for consideration of \$80,000.00 or future consideration, whichever is less, it is hereby agreed that:

1. The BUYER hereby gives to the SELLER the sum of

N/A as a deposit towards said purchase price, balance to be paid over in certified or cashier's checks, after approval of the transfer of said Hackney Carriage Medallion to the Buyer, and at time of sale.

2. The SELLER hereby warrants that said Hackney Carriage Medallion has not been pledged, mortgaged or hypothecated and is free and clear of any and all encumbrances, and there are no monies due thereon, except to: NONE.

BUYER shall have the right to use purchase funds to pay off any outstanding encumbrances.

If the BUYER is financing the purchase money for this transaction, then the SELLER agrees to comply with all requirements set forth by the financing institution as to provide good, clear marketable title.

3. SELLER warrants that the motor vehicle and equipment sold herein will be in substantially the same condition as of the date of this AGREEMENT, reasonable wear and tear excepted. The BUYER acknowledges that he has inspected said motor vehicle and equipment. BUYER shall have the right to inspect said motor vehicle on the day prior to passing to make sure it complies with the provisions of this paragraph.
4. It is further agreed that the parties shall forthwith and expeditiously sign any and all papers or forms required by the Hackney Carriage Division of the Board of Aldermen of the City of Somerville in order to apply for permission for this transaction, and when permission is granted, to act within seven days of notification of approval of transfer to complete this sale and transaction.
5. Delivery of the Medallion and motor vehicle, if any, will be made to the BUYER at the place of passing of title, unless otherwise agreed upon between parties.
6. It is strictly understood by and between that this entire transaction and sale is subject to the approval of the Board of Aldermen of the City of Somerville, and in the event said approval is not obtained then the deposit given shall be returned to the BUYER.

IN WITNESS WHEREOF, we hereunto set our hands and seals this

DATE 5/10/16

SELLER

WITNESS

Michele Nix

Sullivan Square Transp, Inc.

by

Gerald R. Chaille

President

Gerald R. Chaille

WITNESS

Michele Nix

BUYER

Cheryl Horan

Cheryl Horan

Karen Lima

Karen Lima

Linda Nixon

Linda Nixon



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-18-2016

Employer Identification Number:
81-2261290

Form: SS-4

Number of this notice: CP 575 A

GREEN AND YELLOW CAB TNC OF
SOMERVILLE INC
600 WINDSOR PL
SOMERVILLE, MA 02143

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2261290. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Payment Confirmation

Date: 4/18/2016

Confirmation date/time:	4/18/2016 9:27:38 AM
Confirmation number:	02763J
Invoice number:	02000130096137753250296
Payment ID number:	4932314
Transaction ID number:	9613775
Transaction category:	Domestic Profit Corporation
Transaction type:	Articles of Organization
Entity name:	GREEN AND YELLOW TNC OF SOMERVILLE INC
<hr/>	
Filing fee:	\$250.00
Expedited service fee:	\$15.00
Total fee:	\$265.00

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

Note that for security reasons your payment credit card and/or bank information is processed at a secure website. The Secretary of the Commonwealth does not retain any payment information.

E-check transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned, you will be billed for the transaction at that time.

If you have any questions about your request, contact our office:

- phone: 617-727-9640
- email: corpinfo@sec.state.ma.us



2015 APR 14 P 12:04

City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

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

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

Taxpayer/applicant's phone: day: 617-712-8585 evening: _____

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: April INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

N/A # N/A # 1296 # _____

NOTES:

CLERK'S INITIALS: _____

Received
(Handwritten initials)

ORIGINAL STAMP:

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Green Automotive, Inc.

Address: 600 Windsor Place

City: Somerville State: Ma Zip: 02143 Phone #: (617) 628-2222

- I am an employer with 24 employees (full and/or part time).
 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.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arbella

Address: 1100 Crown Colony Drive

City: Quincy State: Ma Zip: 02169 Phone #: (508) 297-0484

Policy #: 42200538331 Expiration Date: 04/01/17

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: _____ Date: _____

Print Name: Gerald R. Chaille

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 _____

(revised Jan. 2008)