



# CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

## Application to Renew Taxi Medallion License

**ORMOND TRANSPORTATION COMPANY INC**  
**PO BOX 1676**  
**WESTFORD MA 01886**

**License #:** BL15-000417  
**File #:** 15-332  
**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> ORMOND TRANSPORTATION COMPANY INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 978-423-8775	
<b>License Holder:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Mailing Address:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Business Type:</b> Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
<b>FID:</b> 043565204	
<b>Emergency Contact:</b> JOHN DASILVA <b>Phone:</b> <u>978-423-8775</u>	
<b>Medallion #(s):</b> MEDALLION #49	

2015 MAR 31 A 11:19  
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: \_\_\_\_\_

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

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

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



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## Application to Renew Taxi Medallion License

ORMOND TRANSPORTATION COMPANY INC  
PO BOX 1676  
WESTFORD MA 01886

License #: BL15-000418  
File #: 15-332  
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> ORMOND TRANSPORTATION COMPANY INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 978-423-8775	
<b>License Holder:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Mailing Address:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Business Type:</b> Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
<b>FID:</b> 043565204	
<b>Emergency Contact:</b> JOHN DASILVA <b>Phone:</b> <u>978-423-8775</u>	
<b>Medallion #(s):</b> MEDALLION #50	

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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: \_\_\_\_\_

Date: 3/31/15

Printed Name: JOHN DASILVA

Phone: 978-423-8775



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Taxi Medallion License**

**ORMOND TRANSPORTATION COMPANY INC**  
**PO BOX 1676**  
**WESTFORD MA 01886**

**License #:** BL15-000419  
**File #:** 15-332  
**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> ORMOND TRANSPORTATION COMPANY INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 978-423-8775	
<b>License Holder:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Mailing Address:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Business Type:</b> Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
<b>FID:</b> 043565204	
<b>Emergency Contact:</b> JOHN DASILVA <b>Phone:</b> 978-423-8775	
<b>Medallion #(s):</b> MEDALLION #62	

2015 MAR 31 AM 11:19  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: \_\_\_\_\_

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

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

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

JOHN DASILVA

978-423-8775



**CITY OF SOMERVILLE**  
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93 Highland Avenue  
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**Application to Renew Taxi Medallion License**

**ORMOND TRANSPORTATION COMPANY INC**  
**PO BOX 1676**  
**WESTFORD MA 01886**

**License #:** BL15-000420  
**File #:** 15-332  
**Fee:** 250

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INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> ORMOND TRANSPORTATION COMPANY INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 978-423-8775	
<b>License Holder:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Mailing Address:</b> ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Business Type:</b> Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
<b>FID:</b> 043565204	
<b>Emergency Contact:</b> JOHN DASILVA <b>Phone:</b> <u>978-423-8775</u>	
<b>Medallion #(s):</b> MEDALLION #89	

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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: \_\_\_\_\_

JOHN DASILVA

978-423-8775