



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

Application to Renew Taxi Medallion License

YUNG CAB INC
457 SOMERVILLE AVE #2
SOMERVILLE MA 02143

CITY CLERK'S OFFICE
SOMERVILLE MA

License #: BL15-000400
File #: 15-321
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)
Business/DBA Name: YUNG CAB INC Business Location: 0 OUT OF AREA Business Phone: 617-501-6189	
License Holder: YUNG CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Mailing Address: YUNG CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Business Type: Corporation CHAD SILVA CHAD SILVA CHAD SILVA	
FID: 421691381	
Emergency Contact: CHAD SILVA Phone: 617-501-6189	
Medallion #(s): MEDALLION #15	

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: Yung Cab Inc

Address of taxpayer/applicant's business in Somerville: 457 Somerville Ave Apt 2 Som Ma. 02147

Address of taxpayer/applicant's home in Somerville: 457 Somerville Ave Apt 2 Som. Ma. 02147

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 1st 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:

UB
4-1-15