

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date March 24, 2011

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/12/11 - MS</u>
Amount Paid	<u>250.00 ck # 1229</u>

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 69

Applicant's Legal Name: Alewife Trans Co., Inc. Phone: 978-423-8775

Applicant's Address (with Zip Code): 33 Nabnasset St Westford Ma 01886

Applicant's Email Address: john@dasilva.cc

Applicant's Federal Employer Identification Number: 04-3247085

Mailing Name (where we should send correspondence to): John DaSilva

Mailing Address (with Zip Code): PO Box 1676 Westford Ma 01886

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed)

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

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CITY CLERK'S OFFICE
SOMERVILLE, MA

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. 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.

Signature of Applicant: *John DaSilva* Date: 3/24/2011

Print Name: John DaSilva Phone: 978-423-8775