

LOCH NESS TAXI INC

600 WINDSOR PLACE SOMERVILLE, MA 02143

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

CK-1086 \$ 750

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

372

City #27 250.00

Fee: Account ID:

308

Reference #:

372

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: For LOCH NESS TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081		
License Holder: LOCH NESS TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081		
Mailing Address: LOCH NESS TAXI INC SOMERVILLE, MA 02143	A CLEBK A CLEBK	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	P 2: 39	
FID: 020650158		
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979		

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

MEDALLION #27

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by Is	: LDERMEN. aw for this business.
Signature:	Date
Print Name:	Phone



CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1086 \$ 750

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

373

City #67

LOCH NESS TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143

Fee:

250.00

Account ID:

308

Reference #:

373

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: For LOCH NESS TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081			
License Holder: LOCH NESS TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081			
Mailing Address: LOCH NESS TAXI INC SOMERVILLE, MA 02143	OMERY - 6		
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	P 2: 3		
FID: 020650158	٥		
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979			

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

MEDALLION #67

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and/accurate.	
-All information shown above is true and/accurate.	LDERMEN
-Any changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by la	AW for this business
Signature:	Date
Print Name: Bill MVa	Phone



CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1086 \$750

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

374

City #68

LOCH NESS TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143

Fee:

250.00

Account ID:

308

Reference #:

374

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: For LOCH NESS TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCH NESS TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: LOCH NESS TAXI INC SOMERVILLE, MA 02143	MAY - 6
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	D 2: 3c
FID: 020650158	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

MEDALLION #68

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by lateral paid all State taxes.	: LDERMEN. aw for this business.
Signature:	Date
Print Name:	Phone



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

CE	KIII ICIII Z	1		
Exact name of taxpayer/app	licant's business:	nen Cab Co		
Address of taxpayer/applicant's business in Somerville: (100 Nindsul P/				
Address of taxpayer/applica	Address of taxpayer/applicant's home in Somerville:			
Taxpayer/applicant's phone	: day: <u>6/7628/0</u> 2	evening: <u>6/7 433</u>	<u> </u>	
I, (print name) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I				
SIGNED UNDER THE P.	SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of			
april	, 20 20/3	(Taxpayer's signature	e)	
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUDE	ES RELEVANT POSTINGS THROUGH:		
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	□ Water/Sewer	Personal Property	Other:	
# 9800727 NOTES: \(\(\)\(\)\(\)	# 1460070	134	#	
CLERK'S INITIALS:		ORIGINAL STAMP:	DA 5-6-/-	
		**		