250-

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Medallion
License Number: #191531
Business Name: Talkd Transportation Inc
Location: N/A
Medallion(s): 55
Special Conditions (if any):

Renewal Fee (Return with this application): $250 per Medallion

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAY 17 A 9:00

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: TALKD Transportation Inc
Somerville Address and Zip Code: 600 Windsor Pl 02143
Phone Number of the Business: 617 628 1081

The Legal Name of the License Holder: Karen Tamagna
Street Address of the License Holder: 52 Highland Ave
City, State and Zip Code of the License Holder: Everett MA 02149
Phone Number of the License Holder: 617 435 1979
Email Address of the License Holder: TALKD9898@Comcast.Net

Where We Should Send Mail: Name: TALKD TRANSportation
Street Address: 600 Windsor Pl
City, State and Zip Code: Som MA 02143
Email: TALKD9898@COMCAST.NET
Phone Number: 617 628-1081

Federal ID # (Do Not Give a Social Security #): 26-0168698

Emergency Contact and Phone (For Fire Dept. Use): Karen Tamagna 6174351979

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

___Sole Proprietor: Name of Owner:_____

___Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:_____

_____

___Trust: Names of All Trustees Who Own More Than 10%:_____

_____

__✓__Corporation (inc. LLC): Name of President: Karen Tamagni

Name of Secretary: Karen Tamagni

Name of Treasurer: Karen Tamagni

___Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Karen Tamagni **Date** 5/4/12

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Cab Assoc

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

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

Taxpayer/applicant's phone: day: 617 628 1081 evening: _____

I, (print name) Gerald Chaille, 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 4 day of May, 2012. Gerald R Chaille
(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: ___

98000720 16348 # 14600701 # 1374

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** RECEIVED 5-16-12