



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**W.L.E.J. INC
15 WILLIAM ST
MEDFORD, MA 02155**

License #: **429**
City #76
Fee: **250.00**
Account ID: **337**
Reference #: **429**

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: W.L.E.J. INC Business Location: OUT OF AREA Business Phone: 617-755-4460	857-247-3514
License Holder: W.L.E.J. INC 15 WILLIAM ST MEDFORD, MA 02155 617-755-4460	857-247-3514
Mailing Address: W.L.E.J. INC 15 WILLIAM ST MEDFORD, MA 02155	CITY CLERK'S OFFICE SOMERVILLE, MA 2014 APR 15 A 11:40
Business Type: CORPORATION (INC. LLC) PRESIDENT - ANDRE CAMILLE SECRETARY - ANDRE CAMILLE TREASURER - ANDRE CAMILLE	
FID: 800260955	
Food Manager/Emergency Contact: ANDRE CAMILLE	857-247-3514

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

Hours: **NOT APPLICABLE**

MEDALLION #76

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.
- 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: Andre Camille Date 4 14 14
 Print Name: ANDRE CAMILLE Phone 857 247 3514

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: W.L.E.J. Inc
Address: 15 William St
City: MEDFORD State: MA Zip: 02155 Phone #: 857-247-3514

- I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:**
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - Nonprofit
 - Entertainment
 - Manufacturing
 - Health Care
 - Other Transportation (Taxi)

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Andre Camille Date: 4/16/14
Print Name: ANDRE CAMILLE

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____

(revised Jan. 2008)