



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

CK-1762
\$1000

APPLICATION TO RENEW TAXI MEDALLION LICENSE

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: 378
City #40
Fee: 250.00
Account ID: 311
Reference #: 378

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 MT. PLEASANT TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: MT. PLEASANT TAXI INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	2013 MAY -6 P 2:38 CITY CLERK'S OFFICE SOMERVILLE, MA
FID: 043208616	
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 #40

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: _____ Date _____

Print Name: _____ Phone _____



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APPLICATION TO RENEW TAXI MEDALLION LICENSE

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **379**
City #41
Fee: **250.00**
Account ID: **311**
Reference #: **379**

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 MT. PLEASANT TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	<p style="text-align: center;">CITY CLERK'S OFFICE SOMERVILLE, MA 2013 MAY -6 P 2:38</p>
Mailing Address: MT. PLEASANT TAXI INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	
FID: 043208616	
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 #41

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: _____ Date _____
Print Name: Pill Horan Phone _____



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
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APPLICATION TO RENEW TAXI MEDALLION LICENSE

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **380**
City #42
Fee: **250.00**
Account ID: **311**
Reference #: **380**

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 MT. PLEASANT TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081		
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	2013 MAY -6 P 2:38 CITY CLERK'S OFFICE SOMERVILLE MA	
Mailing Address: MT. PLEASANT TAXI INC SOMERVILLE, MA 02143		Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE
FID: 043208616		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 #42

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: _____ Date _____

Print Name: _____ Phone _____



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
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\$ 1000

APPLICATION TO RENEW TAXI MEDALLION LICENSE

MT. PLEASANT TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: 381
City #43
Fee: 250.00
Account ID: 311
Reference #: 381

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 MT. PLEASANT TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: MT. PLEASANT TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: MT. PLEASANT TAXI INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	
FID: 043208616	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

2013 MAY -6 P 2:38
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

MEDALLION #43

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: _____ Date _____

Print Name: _____ Phone _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

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: 617 435 1979

I, (print name) Berard R Chalk, 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 30 day of April, 2020/3.
Berard R Chalk
(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 # 146007011 # 1347 # _____
16447 1346

NOTES: _____
CLERK'S INITIALS: U

ORIGINAL STAMP:  RECEIVED
2-5-6-13