



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

CK-1406  
\$500

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**SULLIVAN SQUARE TAXI INC**  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143

License #: 395

City #53

Fee: 250.00

Account ID: 317

Reference #: 395

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 <b>SULLIVAN SQUARE TAXI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: <b>SULLIVAN SQUARE TAXI INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-1081</b>	
Mailing Address: <b>SULLIVAN SQUARE TAXI INC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - CHERYL HORAN</b> <b>PRESIDENT - GERALD CHAILLE</b>	
FID: <b>043208619</b>	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> <b>617-435-1979</b>	

2013 MAY -6 PM 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 #53**

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  
(617) 625-6600

CK-1406  
\$500

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**SULLIVAN SQUARE TAXI INC**  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143

License #: 396

City #54

Fee: 250.00

Account ID: 317

Reference #: 396

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 <b>SULLIVAN SQUARE TAXI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: <b>SULLIVAN SQUARE TAXI INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-1081</b>	
Mailing Address: <b>SULLIVAN SQUARE TAXI INC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - CHERYL HORAN</b> <b>PRESIDENT - GERALD CHAILLE</b>	
FID: <b>043208619</b>	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> <b>617-435-1979</b>	

2013 MAY -6 PM 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 #54**

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: Bill Horan 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) Gerald 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. Gerald 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 # \_\_\_\_\_  
16448 1346

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

RECEIVED  
25-6-13