

Print Name:

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #: 415

MADKEP TRANSPORTATION INC 13 PRINCETON ST SOMERVILLE, MA 02144

Fee:

250.00 330 Account ID:

Reference #:

415

City #64

Phone 617-600-2348

| Review and update the information below. If you have workers con and policy number. Then sign the Acknowledgment and return this | | |
|---|--|--|
| INFORMATION ON FILE: | CHANGES: (Note below or explain on a separate sheet) | |
| Business/DBA Name: For MADKEP TRANSPORTATION INC Business Location: OUT OF AREA Business Phone: 617-666-2348 | | |
| License Holder: MADKEP TRANSPORTATION INC 13 PRINCETON ST SOMERVILLE, MA 02144 617-666-2348 | | |
| Mailing Address: MADKEP TRANSPORTATION INC SOMERVILLE, MA 02144 | | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - SANDRA DONAHUE SECRETARY - SANDRA DONAHUE | | |
| FID: 043000672 | 0 2 | |
| Food Manager/Emergency Contact: SANDRA DONAHUE | TA MAN E | |
| Conditions (to the property and things of the property of the | in N | |
| Conditions: (to change any conditions, submit a new application. C Hours: NOT APPLICABLE | | |
| MEDALLION #64 | A II: 28 E. MA | |
| Description of Location and/or Other Conditions: | | |
| | | |
| I hereby certify under the penalties of perjury that the following is transfer and accurate. -Any changes above are subject to the approval of the BOARD OF I have filed all State tax returns and paid all State taxes required by Signature: | rue: F ALDERMEN. by law for this business. | |



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

| Exact name of taxpayer/a | pplicant's business: | MADKERTRAMSPORT | ATIOUTIC. |
|--|---|--|----------------------|
| Address of taxpayer/appl | icant's business in Som | erville: 13 Princeton | St |
| Address of taxpayer/appl | icant's home in Somerv | ville: 13 Princeta | n.S.t. |
| | | 348 evening: | |
| due the City have been p and fees and is current on | aid or that the Taxpaye said agreement. | the undersigned herein is true and correct and the er has entered into an agreement of the correct of the corre | ent to pay all taxes |
| | | | |
| Murch | .20 13. | Janden L: Don ahme (Taxpayer's signat | |
| | | (Taxpayer's signat | ure) |
| | CITY'S ACKNO | WLEDGEMENT | |
| DATE OF ISSUANCE: | INCLU | DDES RELEVANT POSTINGS THROUG | Н: |
| TAXES AND ACCOUN | T NUMBER(S) INCL | LUDED IN CERTIFICATE: | |
| ☐ Real Estate | □ Water/Sewer | ☐ Personal Property | Other: |
| #0420L010 NOTES: 1253 | 8# 22 COY YC | D # | # |
| CLERK'S INITIALS: | | ORIGINAL STAMP: | R 9-07-/ |