



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

CK-1514
\$ 250

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**BYE BYE CAB INC
33 ROOSEVELT AVE
PEABODY, MA 01960**

License #: 410
City #86
Fee: 250.00
Account ID: 327
Reference #: 410

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 BYE BYE CAB INC Business Location: OUT OF AREA Business Phone: 978-535-2544	
License Holder: BYE BYE CAB INC 33 ROOSEVELT AVE PEABODY, MA 01960 978-535-2544	
Mailing Address: BYE BYE CAB INC PEABODY, MA 01960	
Business Type: CORPORATION (INC. LLC) PRESIDENT - BARRY FLEISCHER SECRETARY - BARRY FLEISCHER	
FID: 043582440	
Food Manager/Emergency Contact: BARRY FLEISCHER	

2013 APR -2 P 12:45
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 #86

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: X [Signature] Date 3/27/2013
Print Name: Barry Fleischer Phone 978-535-2544



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Bye Bye Cab Inc

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

Address of taxpayer/applicant's home in Somerville: 33 Roosevelt Ave Peabody

Taxpayer/applicant's phone: day: 978-535-2544 evening: 978-535-2544

I, (print name) Barry Fleischer, 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 27 day of MARCH 2013
[Signature], 20_____.
(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: _____

16448 # 146007001 # 1347 # 1346

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

4-2-13