

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date MARCH 22-11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3/22/11 - ms

Amount Paid \$250.00 ck # 450

☐ New Application or Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Medallion #: 45

Applicant's Legal Name: Salvatore Ferlito STP INC. Phone: 781 395 7794

Applicant's Address (with Zip Code): 240 Lawrence Rd Medford 02155

Applicant's Email Address: X

Applicant's Federal Employer Identification Number: 04-3432500

Mailing Name (where we should send correspondence to): Salvatore Ferlito

Mailing Address (with Zip Code): 240 LAWRENCE RD Medford 02155

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed)

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Salvatore Ferlito

Date: MARCH 22-11

Print Name: Salvatore Ferlito

Phone: 781 395 7794

2011 MAR 22 A 11:44
CITY CLERK'S OFFICE
SOMERVILLE, MA

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Salvatore Feilitz STP inc

* Signature of Individual or Corporate Name (Mandatory)

Salvatore Feilitz

By: Corporate Officer (Mandatory, if a corporation)

04-34-32 600

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.