

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Stand
License Number: #191515
Business Name: Green and Yellow Cab
Location: 503 Broadway ✓
Taxicabs: 2
Special Conditions (if any):

Renewal Fee (Return with this application): \$150 per Stand

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Green & yellow cab
Somerville Address and Zip Code:	600 Windsor Place
Phone Number of the Business:	617 628 1081

The Legal Name of the License Holder:	GREEN CAB CO, INC.
Street Address of the License Holder:	600 Windsor Place
City, State and Zip Code of the License Holder:	Somerville, MA 02143
Phone Number of the License Holder:	617 628 2222 cell 978 273 3777
Email Address of the License Holder:	charon.green.cab@yahoo.com

Where We Should Send Mail: Name:	
Street Address:	600 Windsor Place
City, State and Zip Code:	Somerville, MA
Email:	
Phone Number:	

Federal ID # (Do Not Give a Social Security #):	042590310
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Emergency Contact and Phone (For Fire Dept. Use):	
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Type of Business (Check Only One and Give the Names Indicated):

 Sole Proprietor: Name of Owner: _____

 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

 Trust: Names of All Trustees Who Own More Than 10%: _____

 ✓ Corporation (inc. LLC): Name of President: _____

Ronald Smith

Name of Secretary: _____

Name of Treasurer: _____

 Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

[Handwritten Signature]

Date _____

5/15/12