



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Taxi Medallion License**

**CINEMA TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000433  
**File #:** 15-341  
**Fee:** 250

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)
<b>Business/DBA Name:</b> CINEMA TAXI INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> CINEMA TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> CINEMA TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 043208615	
<b>Emergency Contact:</b> KAREAN TAMAGNA <b>Phone:</b> 617-435-1979	617 949 1002
<b>Medallion #(s):</b> MEDALLION #44	

2015 MAR 31 PM 1:57  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_



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**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000434  
**File #:** 15-341  
**Fee:** 250

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)
<b>Business/DBA Name:</b> CINEMA TAXI INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> CINEMA TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> CINEMA TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 043208615	
<b>Emergency Contact:</b> KAREAN TAMAGNA <b>Phone:</b> 617-435-1979	617 949 1002
<b>Medallion #(s):</b> MEDALLION #47	

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_



# CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

## Application to Renew Taxi Medallion License

**CINEMA TAXI INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000435  
**File #:** 15-341  
**Fee:** 250

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)
<b>Business/DBA Name:</b> CINEMA TAXI INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> CINEMA TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> CINEMA TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 043208615	
<b>Emergency Contact:</b> KAREAN TAMAGNA <b>Phone:</b> 617-435-1979	617 949 1002
<b>Medallion #(s):</b> MEDALLION #85	

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: Gerald R Chaille Date: 3/30/15

Printed Name: Gerald Chaille Phone: 617 628/081