

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 Medallion
License Number: #191221
Business Name: Wilvens Cab Inc
Location: N/A
Medallion(s): 18
Special Conditions (if any):

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: WILVENS CAB INC #18
Somerville Address and Zip Code: 20 Melvin St Apt 1 Somerville MA 02145
Phone Number of the Business: 617 721-2306

The Legal Name of the License Holder: WILLIE JULIE
Street Address of the License Holder: 20 Melvin St Apt 1
City, State and Zip Code of the License Holder: Somerville MA 02145
Phone Number of the License Holder: 617 721-2306
Email Address of the License Holder: _____

Where We Should Send Mail: Name: SAM A/B
Street Address: _____
City, State and Zip Code: _____
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): _____

Emergency Contact and Phone (For Fire Dept. Use): _____

-OVER-

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%: _____

Evelyn & Julie

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

☐ Corporation (inc. LLC): Name of President: *Wilfrid Julie*

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: *Wilfrid Julie*

Date *4/10/12*



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: WILFRID JULCE

Address of taxpayer/applicant's business in Somerville: 20 Melvin St Apt 1 Somerville

Address of taxpayer/applicant's home in Somerville: Same A/B

Taxpayer/applicant's phone: day: 617 721 9306 evening: anytime

I, (print name) WILFRID JULCE, 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 Tuesday day of 10, 20 12.
(Taxpayer's signature) Wilfrid Julce

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: _____

23703190 # 1162400 # _____ # _____

NOTES:

CLERK'S INITIALS: C

ORIGINAL STAMP:

