



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR 20 P 2: 22

CITY CLERK'S OFFICE

Application to Renew Taxi Medallion License

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-001160
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): 21	

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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93 Highland Avenue
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2016 APR 20 P 2:22

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-001161
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lins
Medallion #(s): 22	

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: 4/19/16

Printed Name: Gerald Chaille Phone: 6176281081



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

2016 APR 20 P 2:22

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000366
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	<i>Karen Lima</i>
Medallion #(s): MEDALLION #23	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

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

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Gerald Chaille

4/19/16
617 628 1081



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

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CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000367
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #24	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

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

Signature: Gerald R Chaille Date: 4/19/16

Printed Name: Gerald Chaille Phone: 617 628 1081



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2015 APR 20 P 2:22

CITY CLERK'S OFFICE

Application to Renew Taxi Medallion License

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000368
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #25	

I hereby certify under the penalties of perjury that the following is true:

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-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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Commonwealth of Massachusetts
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2016 APR 20 P 2: 22

Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000369
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #26	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

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-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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Commonwealth of Massachusetts

93 Highland Avenue

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CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000370
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #79	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

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-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

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CITY CLERK'S OFFICE

Application to Renew Taxi Medallion License

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000371
File #: 15-307
Fee: 305

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: LOCHMERE TAXI INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043170106	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	<i>Karen Lim</i>
Medallion #(s): MEDALLION #91	

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: *4/19/16*

Printed Name: Gerald Chaille Phone: 617 628 1081



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Cab Co, Inc. and
Green Automotive, Inc.

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

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: (617) 628-2222 evening: (978) 273-3777

I, (print name) Gerald R. Chaille, 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 20th day of
April, 20 16. Gerald R. Chaille
(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: _____

16826 # 146007011 # 1295 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: