

**CITY OF SOMERVILLE**

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

Application to Renew Taxi Medallion License

BIBI'S CAB INC
25 ADAMS ST
EVERETT MA 02149

License #: BL15-000432
File #: 15-340
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)
Business/DBA Name: BIBI'S CAB INC Business Location: 0 OUT OF AREA Business Phone: 978-601-3804	
License Holder: BIBI'S CAB INC 25 ADAMS ST EVERETT MA 02149	
Mailing Address: BIBI'S CAB INC 25 ADAMS ST EVERETT MA 02149	
Business Type: Corporation LOUIS NARCISSE LOUIS NARCISSE LOUIS NARCISSE	
FID: 043579728	
Emergency Contact: LOUIS NARCISSE Phone:	
Medallion #(s): MEDALLION #20	

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: _____

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

CITY CLERK'S OFFICE
SOMERVILLE, MA

To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership 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 Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 20

Name of Corporation Bibis Cab Phone: 978 601 3804

Street Address (for mailing) 25 Adams St

City, State, Zip Code Everett Ma 02149

Tax Identification Number: _____ Check one: ☐ SSN ☐ FEIN

Name of Applicant Louis Narcisse Phone Same

Signed under the pains and penalties of perjury this 02 day of 02, 20 15,

Signature of Applicant [Signature]