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

Application to Renew Taxi Medallion License

MADKEP TRANSPORTATION INC
13 PRINCETON ST
SOMERVILLE MA 02144

License #: BL15-000415
File #: 15-330
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: MADKEP TRANSPORTATION INC **Business Location:** 0 OUT OF AREA **Business Phone:** 617-666-2348	617-666-1019
License Holder: MADKEP TRANSPORTATION INC 13 PRINCETON ST SOMERVILLE MA 02144	
Mailing Address: MADKEP TRANSPORTATION INC 13 PRINCETON ST SOMERVILLE MA 02144	
Business Type: Corporation SANDRA DONAHUE DENISE FOSCAROTA PHILIP DONAHUE	
FID: 043000672	
Emergency Contact: DENISE FOSCAROTA **Phone:**	
Medallion #(s): MEDALLION #64	

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: Denise Foscarota Date: 4/15/15

Printed Name: Denise Foscarota Phone: 617-666-1019

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MAOICEP TRANSportation Inc.

Address of taxpayer/applicant's business in Somerville: 13 Princeton Street

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

Taxpayer/applicant's phone: day: 617.666-1019 evening: _____

I, (print name) Denise Foscarda, 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 15 day of April, 2015. Denise Foscarda
(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: ___

12750 # 226044001 # _____ # _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** 4-16-15