



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

2016 JUN 24 A 11:14

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

LOVE CAB INC
25 LIBERTY AVENUE
MEDFORD MA 02155

License #: BL15-000406
File #: 15-325
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: LOVE CAB INC Business Location: 0 OUT OF AREA Business Phone: 617-293-6512	
License Holder: LOVE CAB INC 25 LIBERTY AVENUE MEDFORD MA 02155	
Mailing Address: LOVE CAB INC 25 LIBERTY AVENUE MEDFORD MA 02155	
Business Type: Corporation JEAN LOVINCE JEAN LOVINCE JEAN LOVINCE	
FID: 800426116	
Emergency Contact: JEAN LOVINCE Phone: 617-293-6512	
Medallion #(s): MEDALLION #92	

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, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: LOVE Cab INC

Address of taxpayer/applicant's business in Somerville: 600 WINDSOR PL, Somerville

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

Taxpayer/applicant's phone: day: 617/293-6512 evening: 617/293-6512

I, (print name) SMITH LOVINCE, 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 6/24/ day of _____, 2006. Smith Lovince
(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 # _____ # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

received
Banas