



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

### Application to Renew Taxi Stand License

**GREEN CAB CO INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

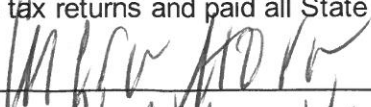
**License #:** BL15-000955  
**File #:** 15-87  
**Fee:** 495

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> GREEN AND YELLOW CAB <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> GREEN CAB CO INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE GERALD CHAILLE	
<b>FID:</b> 042590310	
<b>Emergency Contact:</b> CHERYL HORAN <b>Phone:</b> 978-273-3777	
<b>Location:</b> LOCATION: 22-26 UNION SQUARE <b># of Taxis at this location:</b> 3	

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: 6/8/10  
Printed Name: Cheryl Horan Phone: 617 628 1081



2015 APR 14 P 12:04

City of Somerville, Massachusetts  
Finance Department, Treasury Division

CITY CLERK'S OFFICE  
CITY OF SOMERVILLE, MA

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

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

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 712-8585 evening: \_\_\_\_\_

I, (print name), 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: Arbeller INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

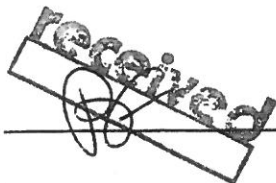
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# N/A      # N/A      # 1296      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Green Automotive, Inc.

Address: 600 Windsor Place

City: Somerville State: Ma Zip: 02143 Phone #: (617) 628-2222

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with <u>24</u> employees (full and/or part time).                         | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input checked="" type="checkbox"/> Other <u>Auto Repair</u>           |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Arbella

Address: 1100 Crown Colony Drive

City: Quincy State: Ma Zip: 02169 Phone #: (508) 297-0484

Policy #: 42200538331 Expiration Date: 04/01/17

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

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

Print Name: Gerald R. Chaille

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other _____