



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

2016 APR 26 P 2:05

Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

O.D.J. TAXI INC
17 ROSS ST
MEDFORD MA 02155

License #: BL15-000416
File #: 15-331
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: O.D.J. TAXI INC Business Location: 0 OUT OF AREA Business Phone: 781-856-9727	
License Holder: O.D.J. TAXI INC 17 ROSS ST MEDFORD MA 02155	
Mailing Address: O.D.J. TAXI INC 17 ROSS ST MEDFORD MA 02155	
Business Type: Corporation MOLAIGE JULES MOLAIGE JULES MOLAIGE JULES	
FID: 800418882	
Emergency Contact: MOLAIGE JULES Phone: 781-396-1360 Madeline Jules	
Medallion #(s): MEDALLION #1	

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: O.D.J. TAXI INC

Address of taxpayer/applicant's business in Somerville: 17 ROSS ST MEDFORD

Address of taxpayer/applicant's home in Somerville: 3 Harrison St Somerville

Taxpayer/applicant's phone: day: 781-856-9227 evening: 781-396-1360

I, (print name) MOLAIGE JULES, 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: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

6998 # 129082001 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: