



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW TAXI MEDALLION LICENSE

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

License #: **416**
City #1
Fee: **250.00**
Account ID: **331**
Reference #: **416**

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: OUT OF AREA Business Phone: 781-856-9727	
License Holder: O.D.J. TAXI INC 17 ROSS ST MEDFORD, MA 02155 781-856-9727	
Mailing Address: O.D.J. TAXI INC 17 ROSS ST MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MOLAIGE JULES SECRETARY - MOLAIGE JULES TREASURER - MOLAIGE JULES	
FID: 800418882	
Food Manager/Emergency Contact: MOLAIGE JULES	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **NOT APPLICABLE**

MEDALLION #1

Description of Location and/or Other Conditions:

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 _____

Print Name: _____ Phone _____