

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

2011 MAY 31

CITY CLERK'S OFFICE ONLY

Date Recorded 5/31/11

Date 5-31-11

Amount Paid \$250-

CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 48

Applicant's Legal Name: Elysse Corp Phone: 617-776-2451

Applicant's Address (with Zip Code): 94 Flint St Somerville MA 02145

Applicant's Email Address:

Applicant's Federal Employer Identification Number:

Mailing Name (where we should send correspondence to): Same as above

Mailing Address (with Zip Code):

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: YVES ELYSSE

Address with Zip Code: 94 FLINT ST 02145

Partner's/Member's/Secretary's Name: JONIEL TIMOLEON

Address with Zip Code: 94 FLINT ST 02145

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

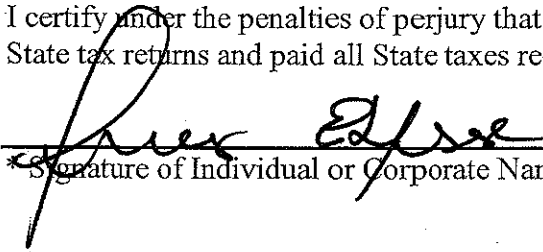
Signature of Applicants [Signature] Date: 5-31-11

Print Name: Yves Elysse Phone: 617-776-2451

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

16 17 02282

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: Elyse Corp
- 2. Address of taxpayer/applicant's business in Somerville: 94 Flint St Som, MA 02145
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617-888-7329 evening: 617-776-2451

I, _____, 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: _____

19600178 # 111081001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED
5-31-11