

# TAXICAB MEDALLION RENEWAL

2011 APR - 4 P 1:47  
Application Fee \$250.00

CITY CLERK'S OFFICE  
Date SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 4-4-2011  
Amount Paid \$250.00 CK 1734

☐ New Application or Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Medallion #: 83

Applicant's Legal Name: Chad Silva <sup>SILVACAB INC.</sup> Phone: 617-501-6189

Applicant's Address (with Zip Code): 370 Highland Ave Somerville Ma. 02144

Applicant's Email Address: CSILVA200 @ AOL.COM

Applicant's Federal Employer Identification Number: 74-314251

Mailing Name (where we should send correspondence to): SILVACab Inc.

Mailing Address (with Zip Code): 370 Highland Ave Somerville Ma. 02144

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: Chad Silva

Address with Zip Code: 370 Highland Ave Som Ma. 02144

Partner's/Member's/Secretary's Name: Chad Silva

Address with Zip Code: 370 Highland Ave Som Ma. 02144

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

Address with Zip Code: 370 Highland Ave Som Ma. 02144

## 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 Applicant: Chad Silva

Date: 4/4/11

Print Name: Chad Silva

Phone: 617-501-6189

2011 APR - 4 P 1:50  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**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.

Silva Cab Inc.

\* Signature of Individual or Corporate Name (Mandatory)

Clod Sh

By: Corporate Officer (Mandatory, if a corporation)

74-3147251

\*\* 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: SILVA Cab Inc.
2. Address of taxpayer/applicant's business in Somerville: 370 Highland Ave Som Ma. 02118
3. Address of taxpayer/applicant's home in Somerville: 370 Highland Ave Som Ma. 02118
4. Taxpayer/applicant's phone: day: 617-501-6189 evening: Same

I, Chad Silva, 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 4th day of April, 20 11. Chad Silva  
(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: \_\_\_\_\_

# 19622195 # 316074001 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UR

ORIGINAL STAMP:

**received**  
**URBARRAS**  
**4-14-11**