CITY OF SOMERVILLE

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

2015 APR -1 A 8: 58

Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

SILVA CAB INC
457 SOMERVILLE AVE #2
SOMERVILLE MA 02143

License #: MA   BL15-000425
File #:   15-334
Fee: 250

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u>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: SILVA CAB INC **Business Location:** 0 OUT OF AREA **Business Phone:** 617-501-6189	
License Holder: SILVA CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Mailing Address: SILVA CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Business Type: Corporation CHAD SILVA CHAD SILVA CHAD SILVA	
FID: 743147251	
Emergency Contact: CHAD SILVA **Phone:** 617-501-6189	
Medallion #(s): MEDALLION #83	

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: _Chad Sh_   Date: _4/1/15_

Printed Name: _Chad Silva_   Phone: _617 501 6189_

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _Silva Cab Inc_

Address of taxpayer/applicant's business in Somerville: _457 Somerville Ave Apt 2 Som Ma, 02143_

Address of taxpayer/applicant's home in Somerville: _457 Somerville Ave Apt 2 Som, Ma, 02143_

Taxpayer/applicant's phone: day: _617-501-6189_ evening: _617-501-6189_

I, (print name) _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 ___1st___ day of ___April___, 20_15_. ___Chad Sh___
(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: ___

_13968_ # _242030001_ # _____ # _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:**

LBarraus 4-1-15