

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Medallion
License Number: #191771
Business Name: Somerville Taxi Inc
Location: N/A
Medallion(s): 66
Special Conditions (if any):

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 APR -14 P 2:04
CITY CLERK'S OFFICE
SOMERVILLE, MA

| | |
|----------------------------------|---------------------|
| The DBA Name of the Business: | SOMERVILLE TAXI INC |
| Somerville Address and Zip Code: | 29 KNAPP ST. 02143 |
| Phone Number of the Business: | 617 628 8319 |

| | |
|---|--------------------------------------|
| The Legal Name of the License Holder: | MARION J. TRANKA SOMERVILLE TAXI INC |
| Street Address of the License Holder: | 29 KNAPP ST. |
| City, State and Zip Code of the License Holder: | SOMERVILLE MA 02143 |
| Phone Number of the License Holder: | 617 628 8319 |
| Email Address of the License Holder: | SOMTAX @ HOTMAIL .COM |

| | |
|----------------------------------|--------------------------------------|
| Where We Should Send Mail: Name: | MARION J. TRANKA SOMERVILLE TAXI INC |
| Street Address: | 29 KNAPP ST. |
| City, State and Zip Code: | SOMERVILLE MA 02143 |
| Email: | SOMTAX @ HOTMAIL .COM |
| Phone Number: | 617 628 8319 |

| | |
|---|-------------|
| Federal ID # (Do Not Give a Social Security #): | 043 175 511 |
|---|-------------|

| | |
|---|--------------|
| Emergency Contact and Phone (For Fire Dept. Use): | 617 628 8319 |
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: MANUEL J. TEIXEIRA

Name of Secretary: MANUEL J. TEIXEIRA

Name of Treasurer: MANUEL J. TEIXEIRA

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Manuel Teixeira Date 4-2-12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOMERVILLE TAXI INC

Address of taxpayer/applicant's business in Somerville: 29 KNAPP ST. 02143

Address of taxpayer/applicant's home in Somerville: 29 KNAPP ST 02143

Taxpayer/applicant's phone: day: 617 628 8819 evening: 617 628 8819

I, (print name) MANUEL J. TELLEMAN, 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 2nd day of APRIL, 2012. Manuel J. Telleman
(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: _____

8414 # 234035001 # _____ # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:  **RECEIVED**
Urban
4-4-12