



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

### Application to Renew Taxi Medallion License

**SOMERVILLE TAXI INC**  
**29 KNAPP ST**  
**SOMERVILLE MA 02143**

**License #:** BL15-000405  
**File #:** 15-324  
**Fee:** 250

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)
<b>Business/DBA Name:</b> SOMERVILLE TAXI INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-628-8319	
<b>License Holder:</b> SOMERVILLE TAXI INC 29 KNAPP ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> SOMERVILLE TAXI INC 29 KNAPP ST SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation MILDRED TEIXEIRA MILDRED TEIXEIRA MILEDRED TEIXEIRA	
<b>FID:</b> 043175511	
<b>Emergency Contact:</b> MILDRED TEIXEIRA <b>Phone:</b>	
<b>Medallion #(s):</b> MEDALLION #66	

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: Mildred F. Teixeira Date: 3-24-15

Printed Name: MILDRED F. TEIXEIRA Phone: 617-628-8319



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: MILDRED F. TRIKEMA

Address of taxpayer/applicant's business in Somerville: 27-29 KNAPP ST.

Address of taxpayer/applicant's home in Somerville: " " "

Taxpayer/applicant's phone: day: 617 628 8319 evening: 617 628 8319

I, (print name) MILDRED F. TRIKEMA, 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 24<sup>th</sup> day of March, 20 15. Mildred F. Trikema  
(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: \_\_\_\_\_

# 8641 # 234035001 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: SR

ORIGINAL STAMP: 3-24-15