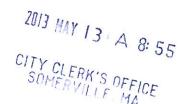


CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600



APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

399

VICTORY CAB CORP 255 MEDFORD ST #7 SOMERVILLE, MA 02143

Fee:

City #56 250.00

Account ID:

320

Reference #:

399

Review and update the information below. <u>If you have workers compensation insurance</u>, 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.

CHANGES: (Note below or explain on a separate sheet	
•	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

MEDALLION #56

Description of Location and/or Other Conditions:

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 ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.	
Signature: Date	
Print Name: Etiene AGUIAR Phone (617) 628-4534	



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

CLI		1				
Exact name of taxpayer/appl	licant's business: V;	ctory CAB	Corp.			
Address of taxpayer/applicant's business in Somerville: 255 MED FORD 5#7						
Address of taxpayer/applicant's home in Somerville: SAME About						
Taxpayer/applicant's phone:	day:(617) 628-4	534 evening: (61	1) 438-5132			
I, (print name) EtiE hereby certify that all the in due the City have been paid and fees and is current on sa	formation contained he or that the Taxpayer	iAR, the undererein is true and corre	ersigned Taxpayer, do ect and all taxes and fees			
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of						
April	, 20 <u>13</u>	(Taxpayer's	ignature)			
CITY'S ACKNOWLEDGEMENT						
DATE OF ISSUANCE:	INCLUDE	ES RELEVANT POSTINGS TI	HROUGH:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:			
# 9784	#1180010	<u>)</u>	#			
NOTES:						
CLERK'S INITIALS:		ORIGINAL STAM	RECEIVED			