



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

2013 MAY 13 A 8:55  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

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

License #: **399**  
City #56  
Fee: **250.00**  
Account ID: **320**  
Reference #: **399**

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)
Business/DBA Name: For <b>VICTORY CAB CORP</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-718-3602</b>	
License Holder: <b>VICTORY CAB CORP</b> <b>255 MEDFORD ST #7</b> <b>SOMERVILLE, MA 02143</b> <b>617-718-3602</b>	
Mailing Address: <b>VICTORY CAB CORP</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT: ETIENE F. AGUIAR</b> <b>TREASURER: ETIENE F. AGUIAR</b> <b>SECRETARY: ETIENE F. AGUIAR</b>	
FID: 043534271	
Food Manager/Emergency Contact: <b>SARA AGUIAR (617) 438-5132</b>	

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

Signature:  Date: 04/26/13  
Print Name: ETIENE AGUIAR Phone: (617) 628-4534



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Victory Cab Corp.

Address of taxpayer/applicant's business in Somerville: 255 MEDFORD ST #7

Address of taxpayer/applicant's home in Somerville: SAME ABOVE

Taxpayer/applicant's phone: day: (617) 628-4534 evening: (617) 438-5132

I, (print name) ETIENE F. AGUIAR, 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 26 day of

April, 20 13. [Signature]  
(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: \_\_\_\_\_

# 9784 # 11800100 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
15-13-13