



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**BIBI'S CAB INC  
PO BOX 122  
MALDEN, MA 02148**

License #: **432**  
City #20  
Fee: **250.00**  
Account ID: **340**  
Reference #: **432**

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: <b>BIBI'S CAB INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-852-2612</b>	
License Holder: <b>BIBI'S CAB INC</b> <b>PO BOX 122</b> <b>MALDEN, MA 02148</b> <b>617-852-2612</b>	
Mailing Address: <b>BIBI'S CAB INC</b> <b>PO BOX 122</b> <b>MALDEN, MA 02148</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - LOUIS NARCISSE</b> <b>SECRETARY - LOUIS NARCISSE</b> <b>TREASURER - LOUIS NARCISSE</b>	
FID: <b>043579728</b>	
Food Manager/Emergency Contact: <b>LOUIS NARCISSE</b>	

2013 MAY 23 A 11:42  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

**MEDALLION #20**

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: Josue Pierre Date: 05-23-13  
 Print Name: Josue Pierre Phone: 978 601 3804