



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

CK-1774
\$2000

APPLICATION TO RENEW TAXI MEDALLION LICENSE

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **364**
City #21
Fee: **250.00**
Account ID: **307**
Reference #: **364**

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE | CITY CLERK'S OFFICE SOMERVILLE, MA 2013 MAY -6 P 2:37 |
| FID: 043170106 | |
| Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 | |
| | |

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

Hours: **NOT APPLICABLE**

MEDALLION #21

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 _____

Print Name: _____ Phone _____

CK-1774
\$ 2000



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: 365
City #22
Fee: 250.00
Account ID: 307
Reference #: 365

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | | |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | CITY CLERK'S OFFICE SOMERVILLE, MA 2013 MAY -6 P 2:37 | |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | | Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE |
| FID: 043170106 | | Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 |
| | | |

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

Hours: **NOT APPLICABLE**

MEDALLION #22

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: Bill Horan Date _____
 Print Name: Bill Horan Phone _____

CK-1774
\$2000



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **366**
City #23
Fee: **250.00**
Account ID: **307**
Reference #: **366**

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | | |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | 2013 MAY -6 P 2:37 CITY CLERK'S OFFICE SOMERVILLE, MA | |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | | Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE |
| FID: 043170106 | | Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 |
| | | |

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

Hours: **NOT APPLICABLE**

MEDALLION #23

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 _____

Print Name: _____ Phone _____



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

CK-1774
\$ 2000

APPLICATION TO RENEW TAXI MEDALLION LICENSE

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: 367
City #24
Fee: 250.00
Account ID: 307
Reference #: 367

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE | |
| FID: 043170106 | |
| Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 | |
| | |

2013 MAY -6 PM 2:37
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 #24

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 _____

Print Name: _____ Phone _____



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

CK-1774
\$2000

APPLICATION TO RENEW TAXI MEDALLION LICENSE

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: 368
City #25
Fee: 250.00
Account ID: 307
Reference #: 368

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | 2013 MAY -6 P 2:37 CITY CLERK'S OFFICE SOMERVILLE, MA |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE | |
| FID: 043170106 | |
| Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 | |

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

Hours: **NOT APPLICABLE**

MEDALLION #25

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 _____

Print Name: _____ Phone _____

CK-1774
\$ 2000



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **369**
City #26
Fee: **250.00**
Account ID: **307**
Reference #: **369**

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | 2013 MAY - 6 PM 2:37 CITY CLERK'S OFFICE SOMERVILLE, MA |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE | |
| FID: 043170106 | |
| Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 | |

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

Hours: **NOT APPLICABLE**

MEDALLION #26

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 _____

Print Name: _____ Phone _____

CK-1774

\$2000



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: 370

City #79

Fee: 250.00

Account ID: 307

Reference #: 370

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE | |
| FID: 043170106 | |
| Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 | |

2013 MAY -6 P 2:37
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 #79

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 _____

Print Name: _____ Phone _____



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

CK-1774
\$ 2000

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**LOCHMERE TAXI INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: 371
City #91
Fee: 250.00
Account ID: 307
Reference #: 371

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 LOCHMERE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081 | |
| License Holder: LOCHMERE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081 | |
| Mailing Address: LOCHMERE TAXI INC SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE | |
| FID: 043170106 | |
| Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979 | |

CITY CLERK'S OFFICE
SOMERVILLE, MA
MAY -6 P 2:37

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

Hours: **NOT APPLICABLE**

MEDALLION #91

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 _____

Print Name: _____ Phone _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Cab Co

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl

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

Taxpayer/applicant's phone: day: 617 628 1081 evening: 617 435 1979

I, (print name) Berard R Chalk, 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 30 day of April, 202013. Berard R Chalk
(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: _____

98000720 # 146007011 # 1347 # _____
16447 1346

NOTES: _____
CLERK'S INITIALS: U

ORIGINAL STAMP: _____

RECEIVED
4-5-13