

**TAXICAB MEDALLION APPLICATION  
AND TAXICAB OPERATOR LICENSE APPLICATION**

2016 MAY -9 A 10:19

Nonrefundable Application Fee \$305.00

Date May 5, 2016

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

Medallion # 62

Current Owner Name Ormond Trans Co Inc Phone 978-423-7777

Address (Include Zip Code) PO Box 1676 Westford, Ma 01886

Applicant Name Williamson Dolcius Phone 857-230-9178

Mailing Address (Include Zip Code) 106 Pierce St #2 Malden, Ma 02148

Federal Employer Identification Number (Not your social security #): \_\_\_\_\_

If a corporation, name of Corporation DLCS Trans., Inc.

If a corporation, name of Majority Shareholder(s) Williamson Dolcius

Do you hold a valid Somerville Taxi Driver's License?  Yes  No

Do you hold a Taxi Driver's License in another city?  Yes  No

If yes, in what City/State? \_\_\_\_\_

Do you own a Somerville Taxicab Medallion?  Yes  No

Have you ever owned a Somerville Taxicab Medallion?  Yes  No

Have you ever owned a Taxi Medallion elsewhere?  Yes  No

If yes, in what City/State? \_\_\_\_\_

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. I agree that this license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I understand that this license shall not be transferrable, and shall be revocable at any time at the pleasure of the Board of Aldermen. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: Williamson Dolcius Date: 05-06-16

Provide the following information if a bank is financing the purchase:

Name of Bank \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

Provide the following information if a corporation is financing the purchase:

Name of Corporation \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

Name of Majority Shareholder(s) \_\_\_\_\_

Provide the following information if an individual is financing the purchase:

Name of Individual \_\_\_\_\_

Address (Include Zip Code) \_\_\_\_\_

Describe any other financing: \_\_\_\_\_

Medallion # 62 \_\_\_\_\_

Include with this Application the following documents:

- The attached Certificate of Good Standing.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and a Certificate of Corporate Authority.
- NOTE: If the Application is approved, forward to the City Clerk a copy of a valid Registration for the vehicle, upon issuance by the Registry of Motor Vehicles.

**TAXI BUREAU RECOMMENDATION:**

The Somerville Taxi Bureau recommends that the application be:  Approved  Denied

Signature [Handwritten Signature]

Date 5-10-16

Print name John J. Gobel Jr.

Title Sgt

**STATEMENT OF CORPORATE AUTHORITY**

I, Williamson Dolcius, Clerk of  
Name of Clerk or Secretary  
DLCS Trans., Inc. hereby certify that,  
Name of Corporation  
at a meeting of the Board of Directors of said Corporation duly held on the 29th day of  
Date  
April, 2016, at which a quorum was present and voting throughout, the following  
Month Year  
vote was duly passed and is now in full force and effect:

VOTED: That Williamson Dolcius be and  
Name of Officer authorized to sign for the Corporation  
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to  
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and  
other obligations of the Corporation, the execution of any such contract, bond or obligation by  
such Williamson Dolcius to be valid  
Name of Officer authorized to sign for the Corporation  
and binding upon this Corporation for all purposes. This vote remains in full force and effect,  
and has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Williamson Dolcius  
Name of Officer authorized to sign for the Corporation  
is the duly elected President of said Corporation.  
Title

Signed Williamson Dolcius  
Clerk or Secretary

Place of Business 106 Pierce St Malden Ma 02148

Date 4/29/2016

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation:

Countersigned Williamson Dolcius

Name & Title of Countersigning Officer PRESIDENT

Search



Web



Images



Videos



Hide s



28



**The Commonwealth of Massachusetts  
William Francis Galvin**

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

Articles of Organization

See Article 20B, Chapter 156D, Section 6.21, G.L. c. 156D, § 6.21

**Identification Number:** (number will be assigned)

**ARTICLE I**

The exact name of the corporation is:

DLCS Trans., Inc.

**ARTICLE II**

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

TO BUY, SELL, DEAL IN AND ACQUIRE ANY AND ALL LICENSES, MOTOR VEHICLES, FIXTURES, MERCHANDISE OR ANY PERSONAL PROPERTY NECESSARY TO DEAL IN AND CARRY ON A GENERAL TAXI BUSINESS, OR ENGAGE IN THE BUSINESS OF LEASING TAXICABS.

**ARTICLE III**

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CNP	\$0.00000	15,000	\$0.00	100

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

**ARTICLE IV**

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

NONE

**ARTICLE V**

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

ANY STOCKHOLDER, INCLUDING THE HEIRS, EXECUTORS OR ADMINISTRATORS OF A DECEASED STOCKHOLDER, DESIRING TO SELL OR TRANSFER THE STOCK OWNED BY HIM OR THEM SHALL FIRST OFFER IT TO THE CORPORATION THROUGH THE BOARD OF DIRECTORS, IN THE MANNER FOLLOWING: HE SHALL NOTIFY THE DIRECTORS OF HIS DESIRE TO SELL OR TRANSFER BY NOTICE IN WRITING, WHICH NOTICE SHALL CONTAIN THE PRICE AT WHICH HE IS WILLING TO SELL OR TRANSFER, AND THE NAME OF ONE (1) ARBITRATOR. THE DIRECTORS SHALL, WITHIN THIRTY (30) DAYS THEREAFTER, EITHER ACCEPT THE OFFER, OR BY NOTICE IN WRITING, NAME A SECOND ARBITRATOR, AND THESE TWO SHALL NAME A THIRD. IT SHALL THEN BE THE DUTY OF THE ARBITRATORS TO ASCERTAIN THE VALUE OF THE STOCK, AND IF ANY ARBITRATOR SHALL NEGLECT OR REFUSE TO ATTEND AT ANY MEETING APPOINTED BY THE ARBITRATORS A MAJORITY MAY ACT IN THE ABSENCE OF SUCH ARBITRATOR. AFTER THE ACCEPTANCE OF THE OFFER OR THE REPORT OF THE ARBITRATORS AS TO THE VALUE OF THE STOCK, THE DIRECTORS SHALL HAVE THIRTY (30) DAYS, WITHIN WHICH TO PURCHASE THE STOCK AT SUCH VALUATION, BUT IF AT THE EXPIRATION OF THIRTY (30) DAYS, THE CORPORATION SHALL HAVE NOT EXERCISED THE RIGHT SO TO PURCHASE, THE OWNER OF THE STOCK IN ANY MANNER HE MAY SEE FIT. NO SHARES OF STOCK SHALL BE SOLD OR TRANSFERRED ON THE BOOKS OF THE CORPORATION UNTIL THESE PROVISIONS HAVE BEEN COMPLIED WITH, BUT THE BOARD OF DIRECTORS MAY, IN ANY PARTICULAR INSTANCE, WAIVE THE REQUIREMENTS.

**ARTICLE VI**

Other lawful provisions, and if there are no provisions, this article may be left blank.

OTHER LAWFUL PROVISIONS, IF ANY, FOR THE CONDUCT AND REGULATION OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, FOR ITS VOLUNTARY DISSOLUTION, OR FOR LIMITING, DEFINING, OR REGULATING THE POWERS OF THE CORPORATION, OR OF ITS DIRECTORS OR STOCKHOLDERS, OR OF ANY CLASS OF STOCKHOLDERS. THE CAPITAL STOCK OF THIS CORPORATION IS ISSUED UNDER THE RULES AND REGULATIONS OF SECTION 1244, PARAGRAPH 4770 OF THE INTERNAL REVENUE CODE.

**Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.**

**ARTICLE VII**

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing.

**Later Effective Date: Time:**

**ARTICLE VIII**

The information contained in Article VIII is not a permanent part of the Articles of Organization.

**a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:**

Name: Williamson Dolcius  
 No. and Street: 106 Pierce Street # 2



City or Town: Malden State: MA Zip: 02148 Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
President	Williamson Dolcius	106 Pierce Street Malden, MA 02148 USA
Treasurer	Williamson Dolcius	106 Pierce Street Malden, MA 02148 USA
Secretary	Williamson Dolcius	106 Pierce Street Malden, MA 02148 USA
Director	Williamson Dolcius	106 Pierce Street Malden, MA 02148 USA

d. The fiscal year end (i.e., tax year) of the corporation:  
December

e. A brief description of the type of business in which the corporation intends to engage:

Taxicab Operation

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

No. and Street: 106 Pierce Street  
City or Town: Malden State: MA Zip: 02148 Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

No. and Street: 106 Pierce Street  
City or Town: Malden State: MA Zip: 02148 Country: USA

which is  
 its principal office  
 an office of its secretary/assistant secretary  
 an office of its transfer agent  
 its registered office

**Filer's Contact Information**

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: Sharon Ophir  
Business Name: Law Offices of Sharon Ophir  
No. and Street: 175 William F. McClellan Highway, Suite 1  
City or Town: East Boston State: MA Zip: 02128 Country: USA  
Contact Phone: (617) 874-8226 ext:  
Contact Email: sophirlaw@gmail.com

Please provide an email address to receive an expedited response from the Corporations Division. If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 29 Day of April, 2016 at 9:42:58 PM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

Williamson Dolcius, President

Make Corrections

Accept

© 2001 - 2016 Commonwealth of Massachusetts  
All Rights Reserved

## TAXI MEDALLION

### PURCHASE AND SALE AGREEMENT

AGREEMENT made on this 29<sup>th</sup> day of April, 2016, by and between Ormond Trans. Co., Inc., a Massachusetts Corporation (hereinafter "Seller") and DLC Trans., Inc., a Massachusetts Corporation (hereinafter "Buyer").

WHEREAS, the Seller is willing to sell and the Buyer is willing to buy a certain **MEDALLION**, issued by the Board of Alderman, City of Somerville, being numbered **62** for the year 2016/2017 (the "Medallion"), for the sum of EIGHTY THOUSAND AND 00/100 (\$80,000.00) DOLLARS.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. The Seller hereby warrants that said Medallion has not been pledged, mortgaged, or hypothecated to any person or entity and that said Medallion is free and clear of any and all encumbrances.
2. The Seller further warrants that there is nothing preventing Seller from selling said Medallion; that there are no outstanding court orders or judgments preventing the sale of said medallion; that except as otherwise disclosed herein, said Medallion will be free and clear of any and all encumbrances at the time of sale, that at the time of sale, there will be no monies due thereon; and that the Seller will deliver good, clear, record, marketable title.
3. Seller shall have the right to use purchase funds to pay off any outstanding encumbrances so that good, clear, record, marketable title to said Medallion shall be delivered.
4. This sale is contingent upon approval from the City of Somerville.
5. Delivery of the medallion will be made at the time of the closing, which will take place on June 7, 2016 at 10:00 A.M. unless otherwise agreed by the parties. The sale will take place at an office mutually agreed upon by the parties.



Witness:

[Handwritten Signature]

SELLER:

[Handwritten Signature]

JOHN DA SILVA  
By: Print Name PRESIDENT  
President and Treasurer

Witness:

[Handwritten Signature]

BUYER:

[Handwritten Signature]

WILLIAM SON DOLCIUS  
Print Name: \_\_\_\_\_  
By: President and Treasurer