



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**SOMERVILLE TAXI INC
29 KNAPP ST
SOMERVILLE, MA 02143**

License #: **405**
City #66
Fee: **250.00**
Account ID: **324**
Reference #: **405**

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: SOMERVILLE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-8319	
License Holder: SOMERVILLE TAXI INC 29 KNAPP ST SOMERVILLE, MA 02143 617-628-8319	
Mailing Address: SOMERVILLE TAXI INC 29 KNAPP ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MANUEL TEIXEIRA SECRETARY - MANUEL TEIXEIRA TREASURER - MANUEL TEIXEIRA	MILDAED F. TEIXEIRA MILDAED F. TEIXEIRA MILDAED F. TEIXEIRA
FID: 043175511	
Food Manager/Emergency Contact: MANUEL TEIXEIRA	MILDAED F. TEIXEIRA

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

Hours: **NOT APPLICABLE**

MEDALLION #66

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: Manuel F. Teixeira Date: 3-18-14
Print Name: MILDAED F. TEIXEIRA Phone: 617 628 8319

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: SOMERVILLE TAXI INC
 Address: 29 KNAPP ST.
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 628 9319

I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.

Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other TAXI

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: MILDRED F. TRIXKIM Date: 3-18-14
 Print Name: MILDRED F. TRIXKIM

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____

(revised Jan. 2008)



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOMERVILLE TAXI FNC

Address of taxpayer/applicant's business in Somerville: 29 KNAPP ST.

Address of taxpayer/applicant's home in Somerville: 29 KNAPP ST.

Taxpayer/applicant's phone: day: 617 628 8819 evening: 617 628 8819

I, (print name) MILDRED F. TRIKRIAT, 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 18th day of March, 20 14. Mildred F. Trikriat
(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: _____

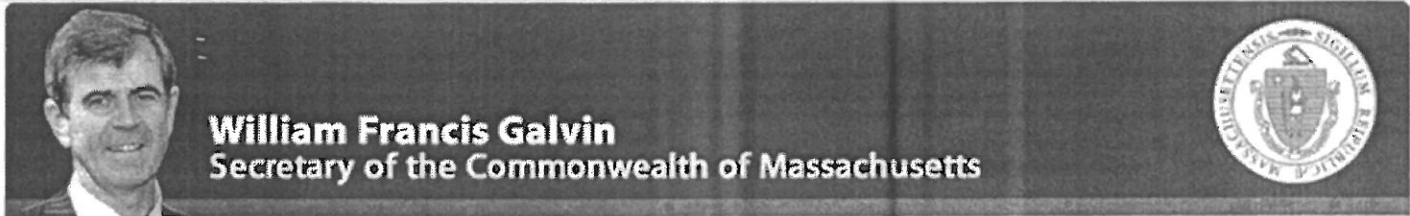
8562 # 234035001 # _____
20664031

NOTES:

CLERK'S INITIALS: M.M.

ORIGINAL STAMP:

received
3-24-14



Corporations Division

Business Entity Summary

ID Number: 043175511

[Request certificate](#)

[New search](#)

Summary for: SOMERVILLE TAXI, INC.

The exact name of the Domestic Profit Corporation: SOMERVILLE TAXI, INC.		
The name was changed from: YELLOW CAB OF SOMERVILLE, INC. on 02-10-1993		
The name was changed from: SOMERVILLE TAXI, INC. on 01-04-1993		
Entity type: Domestic Profit Corporation		
Identification Number: 043175511	Old ID Number: 000408000	
Date of Organization in Massachusetts: 10-06-1992		
Last date certain:		
Current Fiscal Month/Day: 09/30	Previous Fiscal Month/Day: 00/00	
The location of the Principal Office:		
Address: 29 KNAPP ST.		
City or town, State, Zip code, SOMERVILLE, MA 02143 USA		
Country:		
The name and address of the Registered Agent:		
Name: MILDRED F. TEIXEIRA		
Address: 29 KNAPP ST.		
City or town, State, Zip code, SOMERVILLE, MA 02143 USA		
Country:		
The Officers and Directors of the Corporation:		
Title	Individual Name	Address
PRESIDENT	MILDRED F. TEIXEIRA	29 KNAPP STREET SOMERVILLE, MA 02143 USA
TREASURER	MILDRED F. TEIXEIRA	29 KNAPP STREET SOMERVILLE, MA 02143 USA
SECRETARY	MILDRED F. TEIXEIRA	29 KNAPP STREET SOMERVILLE, MA 02143 USA
DIRECTOR	MILDRED F. TEIXEIRA	29 KNAPP STREET SOMERVILLE, MA 02143 USA
Business entity stock is publicly traded: <input type="checkbox"/>		