CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Livery License

Mass Cab Inc.
45 Endicott Ave. #2
Somerville MA 02144

License #: BL15-001132
File #: 15-002229
Fee: 165

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: **Business Location:** 45 Endicott AVE #2 **Business Phone:** 857-399-7560	
License Holder: Mass Cab Inc. 45 Endicott Ave. #2 Somerville MA 02144	
Mailing Address: Mass Cab Inc. 45 Endicott Ave. #2 Somerville MA 02144	
Business Type: Corporation Gurdev Singh Gurdev Singh Gurdev Singh	
FID: 471256324	
Emergency Contact: Gurdev Singh **Phone:** 857-399-7562	MANJEET KAUR 857-399-7562
Maximum # of Vehicles to be Operated: 1	

CITY CLERK'S OFFICE
SOMERVILLE MA
2016 APR 19 P 12:47

Description of Location and/or Other Conditions: Livery Vehicle NOT to be stored in Somerville.
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: G Singh Date: 04/08/2016

Printed Name: GURDEV SINGH Phone: 857-399-7560

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MASS CAB INC. LV 71810

Address of taxpayer/applicant's business in Somerville: 45 ENDICOTT AVE # 2, SOMERVILLE

Address of taxpayer/applicant's home in Somerville: 45 ENDICOTT AVE # 2 SOMERVILLE

Taxpayer/applicant's phone: day: 857-399-7860 evening: 857-399-7560

I, (print name) GURDEV SINGH, 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 8th day of April, 2016. G Singh
(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: ___

5213 # 33509201 # _____ # _____

NOTES:

CLERK'S INITIALS: UB **ORIGINAL STAMP:** received UBarros 4-8-16

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: GURDEV SINGH

Address: 45 ENDICOTT AVE # 2

City: SOMERVILLE State: MA Zip: 02144 Phone #: 857-399-7560

☐ 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 TRANSPORTATION

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: _____ Date: _____

Print Name: _____

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

City or Town: _____ ***Permit/License #:*** _____

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

Contact Person: _____ ***Phone #:*** _____

(revised Jan. 2008)