



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**ROLY CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **383**

City #17

Fee: **250.00**

Account ID: **313**

Reference #: **383**

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: ROLY CAB INC Business Location: OUT OF AREA Business Phone: 617-943-3407	
License Holder: ROLY CAB INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-943-3407	
Mailing Address: ROLY CAB INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - PIERRE JACQUES SECRETARY - PIERRE JACQUES TREASURER - PIERRE JACQUES	
FID: 113646525	
Food Manager/Emergency Contact: PIERRE JACQUES 617-625-3000	

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

Hours: **NOT APPLICABLE**

MEDALLION #17

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: Pierre Jacques

Date: 4-1-14

Print Name: Pierre Jacques

Phone: 617-943-3407



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PIERRE JACQUES

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

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

Taxpayer/applicant's phone: day: 617-943-3407 evening: 617-943-3407

I, (print name) PIERRE JACQUES, 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 _____ day of

4-1-14, 20 14. Pierre Jacques
(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: _____

16602 # 146007011 # _____ # _____

NOTES:

CLERK'S INITIALS: 2

ORIGINAL STAMP:



RECEIVED
3/4/14