

# IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Medallion  
License Number: #191519  
Business Name: ZH Inc  
Location: N/A  
Medallion(s): 14, 16, 63  
Special Conditions (if any):

2012 MAY 17 A 9:00  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	ZH Inc
Somerville Address and Zip Code:	600 Windsor Pl, Som MA 02143
Phone Number of the Business:	617 628 1081

The Legal Name of the License Holder:	Gerald R Enailk
Street Address of the License Holder:	600 Windsor Pl
City, State and Zip Code of the License Holder:	Somerville MA 02143
Phone Number of the License Holder:	617 628-1081
Email Address of the License Holder:	Green and Yellow Cab@yahoo.com

Where We Should Send Mail: Name:	ZH Inc
Street Address:	600 Windsor Pl
City, State and Zip Code:	Somerville MA 02143
Email:	Green and Yellow Cab@yahoo.com
Phone Number:	617-628-1081

Federal ID # (Do Not Give a Social Security #):	04-2769539
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Emergency Contact and Phone (For Fire Dept. Use):	Karen Tamagna 617-435-1979
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ Corporation (inc. LLC): Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: \_\_\_\_\_

Date \_\_\_\_\_

5/4/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

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

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: \_\_\_\_\_

I, (print name) Gerald Chaille, 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 4 day of May, 2012. Gerald R Chaille  
(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 # 1374 # \_\_\_\_\_  
16348

NOTES:

CLERK'S INITIALS: d

ORIGINAL STAMP:

