### TAXICAB MEDALLION APPLICATION AND TAXICAB OPERATOR LICENSE APPLICATION

Nonrefundable Application Fee \$305.00	FOR CITY CLERK'S OFFICE ONLY
J/19/11.	Date Recorded
Date	Amount Paid
Medallion #	
Current Owner Name Z H Inc	Phone 6/7 628/08/
Address (Include Zip Code) 600 Windson	
Applicant Name beard (nai)	111 Phone 6/14-8/08/
Mailing Address (Include Zip Code) ( 00 U.	ndour Pl Somerville MA 02/4
Federal Employer Identification Number (Not your social	al security #): 64-3208(1/5
If a corporation, name of Corporation (1) & M	a Tax: Inc
If a corporation, name of Majority Shareholder(s)(	becald Chaille
Do you hold a valid Somerville Taxi Driver's Licens	e? Yes No
Do you hold a Taxi Driver's License in another city?	YesNo
If yes, in what City/State?	
Do you own a Somerville Taxicab Medallion?	YesNo
Have you ever owned a Somerville Taxicab Medallic	on? 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 the understand that any information that is found to forfeiture of this license. I agree that this license with and limitations set forth in the Somerville Code of Claws, and any conditions prescribed by the City of Somethiese and shall be revocable at any time. I certify under the penalties of perjury that I, to must state tax returns and paid all State taxes required under Signature of Applicant:	be false or misleading may result in the ill be subject to all of the terms, conditions, Ordinances, any applicable State and Federal omerville. I understand that this license shall me at the pleasure of the Board of Aldermen. y best knowledge and belief, have filed all ler law.
Signature of representation of the court of the	Date. // /

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: DON L  Medallion #/U
<ul> <li>Include with this Application the following documents:</li> <li>The attached Certificate of Good Standing.</li> <li>A copy of an executed Purchase and Sale Agreement.</li> <li>If Applicant is a corporation, a copy of the Articles of Incorporation and a Certificate of Corporate Authority.</li> <li>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.</li> </ul>
TAXI BUREAU RECOMMENDATION:
The Somerville Taxi Bureau magnetic that the
Signature Date 5-10-16
Print name Soho J. Cobiel Jr. Title Sq +

Gerald R. Chaille

600 Windsor Place

Somerville, Ma 02143

April 28, 2016

City of Somerville

93 Highland Avenue

Somerville, Ma 02145

John Long- City Clerk

Please be advised that we are doing a "Corporate Tax- Free Restructuring". This restructuring is being done by transferring assets owned identically by one corporation with Gerald Chaille being the sole owner to another existing corporation of the same identical ownership. The medallions which are the assets of the corporations are simply being transferred into another corporation. There is no sale as it is a transfer only. The ownership remains the same by Gerald Chaille. The following corporations: Ike, Inc., Lee Transportation, ZH, Inc., and Stone Transportation are being dissolved and will no longer exist. The corporations being dissolved and existing corporations are all sub-chapter S corporations.

Ike, Inc. which owns medallions numbered, 57, 58, 81, and 84 are being transferred to Cinema Taxi, Inc. Lee Transportation which owns medallions numbered, 7, 8, 9, 10, 11, 12 and 13 are being transferred to Country Club Transportation, Inc. Stone Transportation, Inc. which owns medallions numbered, 28, 30, 31, 32 are being transferred into Mt. Pleasant Taxi, Inc. ZH, Inc. medallions numbered 14, 16 and 63 are being transferred into Cinema Taxi, Inc..

These transfers will be reported as such on each corporate return and reported to the IRS as such. This is merely an accounting restructuring.

Please feel free to contact me if you have any further questions.

Best,

Gerald R. Chaille

#### TAXICAB MEDALLION AND SALE AGREEMENT

AGREEMENT made by and between ZH, Inc., and Cinema Taxi, Inc. Somerville, MA 02143 hereinafter called the SELLER

AND Gerald Chaille, or corporate nominee, 600 Windsor Pl., Somerville, MA 02143 hereinafter called the BUYER.

WHEREAS, the SELLER is willing to sell and the BUYER is willing to buy a certain Hackney Carriage License and Medallion, issued by the Board of Aldermen of the City of Somerville, being numbered 16 for the year 2016 for consideration of \$80,000.00 or future consideration, whichever is less, it is hereby agreed that:

1. The BUYER hereby gives to the SELLER the sum of

N/A as a deposit towards said purchase price, balance to be paid over in certified or cashier's checks, after approval of the transfer of said Hackney Carriage Medallion to the Buyer, and at time of sale.

2. The SELLER hereby warrants that said Hackney Carriage Medallion has not been pledged, mortgaged or hypothecated and is free and clear of any and all encumbrances, and there are no monies due thereon, except to: NONE.

BUYER shall have the right to use purchase funds to pay off any outstanding encumbrances.

If the BUYER is financing the purchase money for this transaction, then the SELLER agrees to comply with all requirements set forth by the financing institution as to provide good, clear marketable title.

3. SELLER warrants that the motor vehicle and equipment sold herein will be in

substantially the same condition as of the date of this AGREEMENT, reasonable wear and tear excepted. The BUYER acknowledges that he has inspected said motor vehicle and equipment. BUYER shall have the right to inspect said motor vehicle on the day prior to passing to make sure it complies with the provisions of this paragraph.

- 4. It is further agreed that the parties shall forthwith and expeditiously sign any and all papers or forms required by the Hackney Carriage Division of the Board of Aldermen of the City of Somerville in order to apply for permission for this transaction, and when permission is granted, to act within seven days of notification of approval of transfer to complete this sale and transaction.
- 5. Delivery of the Medallion and motor vehicle, if any, will be made to the BUYER at the place of passing of title, unless otherwise agreed upon between parties.
- 6. It is strictly understood by and between that this entire transaction and sale is subject to the approval of the Board of Aldermen of the City of Somerville, and in the event said approval is not obtained then the deposit given shall be returned to the BUYER.

IN WITNESS WHEREOF, we hereunto set our hands and seals this DATE 606

SELLER

WITNESS

ZH, Inc.

by

President

Gerald R. Chaille

WITNESS

BUYER

Gerald Chaille Cinema Taxi, Inc.



2016 193 14 P 12: 014

## City of Somerville, Massachusetts of Fice Finance Department, Treasury Division

#### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/a		_	
Address of taxpayer/appli	cant's business in Some	erville: 600 WindSon	3t
Address of taxpayer/appli	cant's home in Somerv	ille:	
Taxpayer/applicant's pho	ne: day: <i>617-712-85</i>	95 evening:	
I, (print name) hereby certify that all the due the City have been p and fees and is current on	aid or that the Taxpaye	herein is true and correct and r has entered into an agreement	ed Taxpayer, do lall taxes and fees ent to pay all taxes
		TIES OF PERJURY, this	
	, 20	(Taxpayer's signat	ure)
	CITY'S ACKNO	WLEDGEMENT UDES RELEVANT POSTINGS THROUGH	
TAXES AND ACCOUN	T NUMBER(S) INCL	LUDED IN CERTIFICATE:	la .
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:
# N(A	# NA	# 1296	#
NOTES:	Loca:		
CLERK'S INITIALS:	1	ORIGINAL STAMP:	

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

#### Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:										
Name		Green A	utomoti	ve, Inc.					,	
Addre	ss:	600 Wind	dsor Pla	ce						
City:	Somerv	ille		S	tate:	Ma	Zip	:02143		Phone #:(617) 628-2222
<ul> <li>✓ I am an employer with24 employees (full and/or part time).</li> <li>✓ I am a sole proprietor or partnership and have no employees.</li> <li>✓ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.</li> <li>✓ We are a nonprofit organization staffed by volunteers and have no employees.</li> <li>✓ We are a nonprofit organization staffed by volunteers and have no employees.</li> </ul>							al estate, auto, etc.)			
Work	ers' comp	ensation ir	isurance	e informat	ion (if	applica	ble):			
Insura	nce Compa	any Name:		Arbella			_			
Addre	ss: 1100	Crown C	olony D	rive						_
City:	Ouincy	State: 1	Ma	Zip; 02169	)	Phone #	#: <u>(5</u>	08) 297-0484	1_	
Policy	#:	42200538	331		-					Expiration Date: 04/01/17
Applie	cant certif	ication:								
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 he	ereby certif	y under the	e pains a	nd penaltie	s of pe	erjury tha	at the	information	provided	above is true and correct.
Signat	ure:								Date:	
Print N	Name:	Gerald R	. Chaille	2			tar in		And the second	
								completed by		
City	y or Town:				Permit	/License	#:_			Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
May Co.		m:						(WAZADDISE		Other
(revise	d Jan. 200	8)			to play with the		442		a and the state of F	