

# TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 6/22/10

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 6/22/10-MS  
Amount Paid \$250.00 ck# 1020

To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 92

Name of Corporation LOVE cab inc Phone: 617/293-6512

Street Address (for mailing) 21 caryst, 1

City, State, Zip Code Brockton

Tax Identification Number: 80-0429116 Check one:  SSN  FEIN

Name of Applicant Jean Lovince Phone 617/293-6512

Signed under the pains and penalties of perjury this 22 day of June, 20-10,

Signature of Applicant Jean Lovince

2010 JUN 22 A 11:42  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*Sean Lawrence*

\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*068 66 5205*

\_\_\_\_\_  
\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: Jean Louvino
- 2. Address of taxpayer/applicant's business in Somerville: 600 Windsor St Somerville
- 3. Address of taxpayer/applicant's home in Somerville: 11
- 4. Taxpayer/applicant's phone: day: 617/993 65-12 evening: 508-587-11-08

I, Jean Louvino, 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 \_\_\_\_\_, 20\_\_\_\_\_.  
(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: \_\_\_\_\_
- # 92000720 # 146007011 # 01840000 # \_\_\_\_\_  
# 00000482

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
h 6-22-10