

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: #191521
Business Name: Roly Cab Inc
Location: N/A
Medallion(s): 17
Special Conditions (if any):

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

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 JUN 12 A 11:02
CITY CLERK'S OFFICE
SOMERVILLE, MA

The DBA Name of the Business:	<u>ROLY Cab Inc</u>
Somerville Address and Zip Code:	<u>600 Windsor Pl Somerville MA 02143</u>
Phone Number of the Business:	<u>617-943-3407</u>

The Legal Name of the License Holder:	<u>Pierre Jacques</u>
Street Address of the License Holder:	<u>54 Cleveland St</u>
City, State and Zip Code of the License Holder:	<u>Malden MA 02148</u>
Phone Number of the License Holder:	<u>617-943-3407</u>
Email Address of the License Holder:	<u>NA</u>

Where We Should Send Mail: Name:	<u>600 Windsor Pl</u>
Street Address:	<u>600 Windsor Pl</u>
City, State and Zip Code:	<u>Somerville MA 02143</u>
Email:	
Phone Number:	<u>617-943-3407</u>

Federal ID # (Do Not Give a Social Security #):	<u>11-3646525</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>617-943-3407 or 617-625-3000</u>
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-OVER-

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

Sole Proprietor: Name of Owner: Pierre Jacques

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: Pierre Jacques

Name of Secretary: Pierre Jacques

Name of Treasurer: Pierre Jacques

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: _____

Pierre Jacques

Date _____

6-12-12



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: 600 WINDSOR PLACE
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, 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 24 day of MAY, 20 12.

(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: _____

16348 # 146002011 # _____ # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:


RECEIVED
UBAW'S
 5-31-12