

\$250.00
CASH

TAXICAB MEDALLION RENEWAL

2011 APR -6 P 1:14

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	CITY CLERK'S OFFICE
Amount Paid	SOMERVILLE, MA

Date 4-5-011

\$250.00

☐ New Application or Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Medallion #: Wilens CAB INC #18

Applicant's Legal Name: Wilfred Tulce Phone: 617 721-2306

Applicant's Address (with Zip Code): 20 Melvin St Apt 7 Somerville MA 02145

Applicant's Email Address: W-Tulce200@hotmail.com

Applicant's Federal Employer Identification Number: 74-3056781

Mailing Name (where we should send correspondence to): Same as AB

Mailing Address (with Zip Code): _____

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license 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 City of Somerville.

Signature of Applicant: Wilfred Tulce Date: 4-6-011

Print Name: Wilfred Tulce Phone: 617 721-2306

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

018-80-9708

** 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: Wilvens CABINE #18
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: 20 Melvin St apt 1 Somerville MA, 02145
4. Taxpayer/applicant's phone: day: 617 721-2306 evening: Same

I, Wilfred Tulee, 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 6, 20 11.
(Taxpayer's signature) Wilfred Tulee

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: _____

23703190 # 116014001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBarrows
4-6-11