



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR 27 P 3:16

### Application to Renew Taxi Medallion License

**SOMERVILLE TRANSPORTATION COMPANY INC**  
**PO BOX 1676**  
**WESTFORD MA 01886**

**License #:** BL15-000427  
**File #:** 15-336  
**Fee:** 305

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> SOMERVILLE TRANSPORTATION COMPANY INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 978-423-8775	
<b>License Holder:</b> SOMERVILLE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Mailing Address:</b> SOMERVILLE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Business Type:</b> Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
<b>FID:</b> 752992167	
<b>Emergency Contact:</b> JOHN DASILVA <b>Phone:</b> 978-423-8775	
<b>Medallion #(s):</b> MEDALLION #70	

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 BOARD OF ALDERMEN.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_



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### Application to Renew Taxi Medallion License

**SOMERVILLE TRANSPORTATION COMPANY INC**  
**PO BOX 1676**  
**WESTFORD MA 01886**

**License #:** BL15-000428  
**File #:** 15-336  
**Fee:** 305

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> SOMERVILLE TRANSPORTATION COMPANY INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 978-423-8775	
<b>License Holder:</b> SOMERVILLE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Mailing Address:</b> SOMERVILLE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
<b>Business Type:</b> Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
<b>FID:</b> 752992167	
<b>Emergency Contact:</b> JOHN DASILVA <b>Phone:</b> 978-423-8775	
<b>Medallion #(s):</b> MEDALLION #71	

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

JOHN DASILVA

978-423-8775