

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00 _____

Date 5-31-11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded <u>5/31/11 - MS</u>
Amount Paid <u>\$250.00</u> CK# <u>1894</u>

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 75

Applicant's Legal Name: SLS TRANSPORTATION Phone: 778-230-6761

Applicant's Address (with Zip Code): PO BOX 370 MEDFORD MA 02155

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: _____

Mailing Name (where we should send correspondence to): SLS TRANS P O BOX 370 MEDFORD

Mailing Address (with Zip Code): MA 02155

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

IF A SOLE PROPRIETOR:

Owner's Name: ERTA COMPERE

Address with Zip Code: PO BOX 370 MEDFORD MA 02155

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: [Signature] Date: 5-31-11

Print Name: ERTA COMPERE Phone: 978-2306761

2011 MAY 31 P 2:19
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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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

- Exact name of taxpayer/applicant's business: SLS TRANSPORTATION INC
- Address of taxpayer/applicant's business in Somerville: 600 WINDSOR PLACE
- Address of taxpayer/applicant's home in Somerville: PO BOX 370 MEDFORD MA 02155
- Taxpayer/applicant's phone: day: 978-230-6761 evening: _____

I, ERIN CONPERE, 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 27 day of MAY, 2011. [Signature]
(Taxpayer's signature)

27th MAY

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>98000720</u> | # <u>146002011</u> | # <u>01840000</u>
<u>30000482</u> | # _____ |

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
UBarra
5-31-11