



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**ALEWIFE TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886**

License #: **407**

City #65

Fee: **250.00**

Account ID: **326**

Reference #: **407**

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)
Business/DBA Name: ALEWIFE TRANSPORTATION COMPANY INC Business Location: OUT OF AREA Business Phone: 978-423-8775	
License Holder: ALEWIFE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: ALEWIFE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA TREASURER - JOHN DASILVA	
FID: 043247085	
Food Manager/Emergency Contact: JOHN DASILVA	

2014 APR - 1 P 12:04
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

MEDALLION #65

Description of Location and/or Other Conditions:

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: *John Dasilva*
Print Name: JOHN DASILVA

Date: 3/31/14
Phone: 978-423-8775



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APPLICATION TO RENEW TAXI MEDALLION LICENSE

ALEWIFE TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: **408**

City #69

Fee: **250.00**

Account ID: **326**

Reference #: **408**

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)
Business/DBA Name: ALEWIFE TRANSPORTATION COMPANY INC Business Location: OUT OF AREA Business Phone: 978-423-8775	
License Holder: ALEWIFE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: ALEWIFE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA TREASURER - JOHN DASILVA	
FID: 043247085	
Food Manager/Emergency Contact: JOHN DASILVA	

2014 APR - 1 P 12:04
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

MEDALLION #69

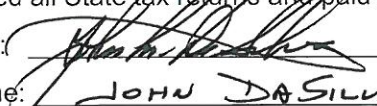
Description of Location and/or Other Conditions:

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: 
Print Name: JOHN DASILVA

Date: 3/31/14
Phone: 978-423-8775



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
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APPLICATION TO RENEW TAXI MEDALLION LICENSE

ALEWIFE TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: **409**

City #80

Fee: **250.00**

Account ID: **326**

Reference #: **409**

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)
Business/DBA Name: ALEWIFE TRANSPORTATION COMPANY INC Business Location: OUT OF AREA Business Phone: 978-423-8775	
License Holder: ALEWIFE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: ALEWIFE TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA TREASURER - JOHN DASILVA	
FID: 043247085	
Food Manager/Emergency Contact: JOHN DASILVA	

2014 APR - 1 PM 12:04
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

MEDALLION #80

Description of Location and/or Other Conditions:

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

3/31/14

Print Name: _____

JOHN DASILVA

Phone

978-423-8775

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Alewife Trans Co Inc.

Address: PO Box 1676

City: Westford

State: Ma

Zip: 01886

Phone #: 978-423-8775

- ☐ I am an employer with _____ employees (full and/or part time).
- ☐ I am a sole proprietor or partnership and have no employees.
- ☒ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- ☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
- ☐ Restaurant/Bar/Eating Establishment
- ☐ Office and/or Sales (real estate, auto, etc.)
- ☐ Nonprofit
- ☐ Entertainment
- ☐ Manufacturing
- ☐ Health Care
- ☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 3/31/14

Print Name: John DaSilva

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
- ☐ Building Department
- ☐ City/Town Clerk
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Other _____