



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**MADKEP TRANSPORTATION INC
13 PRINCETON ST
SOMERVILLE, MA 02144**

License #: 415
City #64
Fee: 250.00
Account ID: 330
Reference #: 415

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: MADKEP TRANSPORTATION INC Business Location: OUT OF AREA Business Phone: 617-666-2348	<i>Business phone 857-204-5249</i>
License Holder: MADKEP TRANSPORTATION INC 13 PRINCETON ST SOMERVILLE, MA 02144 617-666-2348	
Mailing Address: MADKEP TRANSPORTATION INC 13 PRINCETON ST SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - SANDRA DONAHUE SECRETARY - SANDRA DONAHUE TREASURER - SANDRA DONAHUE	<i>secretary - Philip Donahue treasurer - Denise Foscarota</i>
FID: 043000672	
Food Manager/Emergency Contact: SANDRA DONAHUE	<i>Denise Foscarota 857-204-5249</i>

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

Hours: **NOT APPLICABLE**

MEDALLION #64

Description of Location and/or Other Conditions:

2014 APR 18 A 10:17
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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: *Denise Foscarota, Treasurer* Date: *4/18/14*
 Print Name: *Denise Foscarota* Phone: *857-204-5249*



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MADKER TRANSPORTATION INC.

Address of taxpayer/applicant's business in Somerville: 13 Princeton St Som.

Address of taxpayer/applicant's home in Somerville: 13 Princeton St Som.

Taxpayer/applicant's phone: day: 857-204-5249 evening: Same

I, (print name) Denise Foscato, 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 18 day of April, 2014. Denise Foscato Treasurer
(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: _____

12660 # 226044001 # _____ # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

Received
4-18-14 JK