



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR 27 P 3:15

Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

EASTERN TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD MA 01886

License #: BL15-000411
File #: 15-328
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)
Business/DBA Name: EASTERN TRANSPORTATION COMPANY INC Business Location: 0 OUT OF AREA Business Phone: 978-423-8775	
License Holder: EASTERN TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
Mailing Address: EASTERN TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
Business Type: Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
FID: 043234907	
Emergency Contact: JOHN DASILVA Phone: 978-423-8775	
Medallion #(s): MEDALLION #73	

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: _____

John Dasilva
JOHN DASILVA

4/25/16
978-423-8775



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SOMERVILLE, MA

EASTERN TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD MA 01886

License #: BL15-000412
File #: 15-328
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)
Business/DBA Name: EASTERN TRANSPORTATION COMPANY INC Business Location: 0 OUT OF AREA Business Phone: 978-423-8775	
License Holder: EASTERN TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
Mailing Address: EASTERN TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
Business Type: Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
FID: 043234907	
Emergency Contact: JOHN DASILVA Phone: 978-423-8775	
Medallion #(s): MEDALLION #87	

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: _____

John Dasilva
JOHN DASILVA

4/25/16
978-423-8775



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

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Application to Renew Taxi Medallion License

SOMERVILLE, MA

EASTERN TRANSPORTATION COMPANY INC

PO BOX 1676

WESTFORD MA 01886

License #: BL15-000413

File #: 15-328

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)
Business/DBA Name: EASTERN TRANSPORTATION COMPANY INC Business Location: 0 OUT OF AREA Business Phone: 978-423-8775	
License Holder: EASTERN TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
Mailing Address: EASTERN TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD MA 01886	
Business Type: Corporation JOHN DASILVA JOHN DASILVA JOHN DASILVA	
FID: 043234907	
Emergency Contact: JOHN DASILVA Phone: 978-423-8775	
Medallion #(s): MEDALLION #90	

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: _____

JOHN DASILVA

978-423-8775