



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**VICTORY CAB CORP**  
255 MEDFORD ST #7  
SOMERVILLE, MA 02143

License #: **399**  
City #56  
Fee: **250.00**  
Account ID: **320**  
Reference #: **399**

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: <b>VICTORY CAB CORP</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-718-3602</b>	
License Holder: <b>VICTORY CAB CORP</b> <b>255 MEDFORD ST #7</b> <b>SOMERVILLE, MA 02143</b> <b>617-718-3602</b>	
Mailing Address: <b>VICTORY CAB CORP</b> <b>255 MEDFORD ST #7</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ETIENE AGUIAR</b> <b>SECRETARY - ETIENE AGUIAR</b> <b>TREASURER - ETIENE AGUIAR</b>	
FID: <b>043534271</b>	
Food Manager/Emergency Contact: <b>SARA AGUIAR</b> <b>617-438-5132</b>	

2014 APR 18 A 11:18  
 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 #56**

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: 04/01/14  
 Print Name: ETIENE AGUIAR Phone: (617) 718-3602



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: VICTORY CAB CORP.

Address of taxpayer/applicant's business in Somerville: 255 MEDFORD ST # 7 - SOMERVILLE, MA 02143

Address of taxpayer/applicant's home in Somerville: SAME ABOVE

Taxpayer/applicant's phone: day: (617) 438-5132 evening: (617) 718-3602

I, (print name) ETIENS AGUIAR, 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 01 day of April, 20 14. [Signature]  
(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: \_\_\_\_\_

# 9899      # 118061001      # 822      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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: Victory CAB Corp.  
Address: 255 Medford St 7  
City: Somerville State: MA Zip: 02143 Phone #: (617) 718-3602

- 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 Taxi

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: [Signature] Date: 04/01/14  
Print Name: STEBENE AGUIAR

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 \_\_\_\_\_