

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 06-13-11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

2011 JUN 13 A 10:58
CITY CLERK'S OFFICE
SOMERVILLE, MA

☐ New Application or Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Medallion #: 72

Applicant's Legal Name: Odney Cab Inc. Phone: 857-417-2816

Applicant's Address (with Zip Code): 62 Clinton St Everett ma, 02149

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 04-3437866

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☐ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Tony Andre

Address with Zip Code: 62 Clinton St Everett ma 02149

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: Tony Andre Date: 06-13-11

Print Name: Tony ANDRE Phone: 857-417-2816

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.

Terry Andre

* Signature of Individual or Corporate Name (Mandatory)

Terry Andre

By: Corporate Officer (Mandatory, if a corporation)

594-54-7324

** 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.