



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2016 APR -6 A 10:34

**Application to Renew Taxi Medallion License**

**ELYSSE CORP**  
**94 FLINT ST**  
**SOMERVILLE MA 02145**

**License #:** BL15-000440  
**File #:** 15-343  
**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)
<b>Business/DBA Name:</b> ELYSSE CORP <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-776-2451	
<b>License Holder:</b> ELYSSE CORP 94 FLINT ST SOMERVILLE MA 02145	
<b>Mailing Address:</b> ELYSSE CORP 94 FLINT ST SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation YVES ELYSSE YVES ELYSSE JONIEL TIMOLEON	
<b>FID:</b> 161702282	
<b>Emergency Contact:</b> YVES ELYSSE <b>Phone:</b> 617-888-7329	
<b>Medallion #(s):</b> MEDALLION #48	

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: *[Handwritten Signature]* Date: 4/4/16

Printed Name: Yves Elysse Phone: 617-888-7329



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Elyssa corp

Address of taxpayer/applicant's business in Somerville: 600 Windsor St.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-888-7329 evening: \_\_\_\_\_

I, (print name) Nes Elyssa, 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 \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(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: \_\_\_\_\_

# 4850 # 14600211 # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** UB

**ORIGINAL STAMP:** Received  
4-6-16