

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

2012 JUL 11 A 9:08

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 7/11/12

Date

CITY CLERK'S OFFICE
SOMERVILLE, MA

Amount Paid \$250.00

☐ New Application or Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Medallion #: 78

Applicant's Legal Name: MARC MORENCY INC. Phone: 617 368-0335

Applicant's Address (with Zip Code): 31 ADAMS ST SOM 02145

Applicant's Email Address: -

Applicant's Federal Employer Identification Number: 33-1023322

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code): SAME

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

☒ Corporation (inc. LLC)

☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: JOSEPH MARC

Address with Zip Code: 31 ADAMS ST SOM 02145

Partner's/Member's/Secretary's Name: 11

Address with Zip Code:

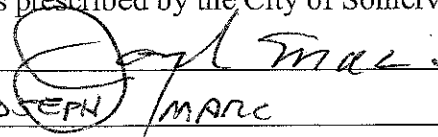
Partner's/Member's/Treasurer's Name: 11

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:



Date:

7/11/2012

Print Name:

JOSEPH MARC

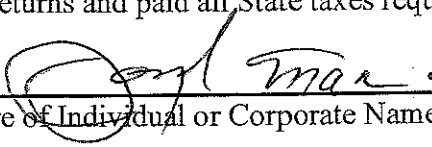
Phone:

617-368-0335

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.


* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division
Joseph A. Curtatone
Mayor

CERTIFICATE OF GOOD STANDING

1. Exact name of Taxpayer: MARC MORENG INC
2. Location, including street address, of Taxpayer's property or principal office: 31 ADAMS ST SOMERVILLE 02145
3. Taxpayer's Account Number(s): 33-1023322

I, _____, 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 11 day of

July, 2012 _____
(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: _____

83

212025001

CLERK'S INITIALS: Q

ORIGINAL STAMP:

