## TAXICAB MEDALLION RENEWAL

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
	Date Recorded
Date	Amount Paid
To the Honorable, the Board of Aldermen of the C	City of Somerville, Massachusetts:
The undersigned respectfully prays that the Boar listed below. This ownership will be subject to all of forth in the Somerville Code of Ordinances, any a conditions prescribed by the Board of Aldermen and revocable at any time at the pleasure of the Board of Aldermen and the source of the Board of Aldermen and the pleasure of the Board of Aldermen and the Board of	of the terms, conditions, and limitations set pplicable State and Federal laws, and any lor City Departments. This license shall be
Medallion #	
Name of Corporation Odney Cab Inc	
Street Address (for mailing) 62 Clinton Street	et
City, State, Zip Code Exercit ma 02149	
Tax Identification Number: 04_3437866	Check one:SSNFEIN
Name of Applicant Tony Andre	Phone 857-417-2816
Signed under the pains and penalties of perjury this _	
Signature of Applicant Tony Andre	
	CITY CLERK'S OFF

## 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)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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.