

# TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date March 24, 2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/12/11 - MS

Amount Paid \$250.00 - CK #1224

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 80

Applicant's Legal Name: Alewife Trans Co., Inc. Phone: 978-423-8775

Applicant's Address (with Zip Code): 33 Nabnasset St Westford Ma 01886

Applicant's Email Address: john@dasilva.cc

Applicant's Federal Employer Identification Number: 04-3247085

Mailing Name (where we should send correspondence to): John DaSilva

Mailing Address (with Zip Code): PO Box 1676 Westford Ma 01886

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: \_\_\_\_\_

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:  Date: 3/24/2011

Print Name: John DaSilva Phone: 978-423-8775

2011 APR 12 A 10:22  
CITY CLERK'S OFFICE  
SOMERVILLE, MA