

**TAXICAB MEDALLION RENEWAL**

Application Fee \$250.00

Date 05/28/10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>6/21/10</u>
Amount Paid	<u>250.00</u>

**To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:**

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership 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 Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 56

Name of Corporation Victory Cab Corp Phone: (617) 628-4534

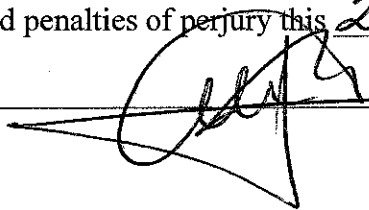
Street Address (for mailing) 255 Medford St 7

City, State, Zip Code Somerville, MA, 02143

Tax Identification Number: 04-3534271 Check one:  SSN  FEIN

Name of Applicant Etiene Aguiar Phone (617) 293-9110

Signed under the pains and penalties of perjury this 28 day of MAY, 20 10,

Signature of Applicant 

2010 JUN 21 11 46 25  
CITY CLERK'S OFFICE  
SOMERVILLE, MA



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: Victory Cab. Corp.
- 2. Address of taxpayer/applicant's business in Somerville: 255 Medford St #7
- 3. Address of taxpayer/applicant's home in Somerville: 255 Medford St #7
- 4. Taxpayer/applicant's phone: day: (617) 293 9110 evening: (617) 628 4534

I, ETIENE F. AGUIAR, 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 28 day of MAY, 20 10.  
[Signature]  
(Taxpayer's Signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>23702008</u>	# <u>18001001</u> <u>18001011</u>	# _____	# _____

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
UB  
6-21-10

**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.

Victory CAB CORP.

\* Signature of Individual or Corporate Name (Mandatory)

[Signature]  
By: Corporate Officer (Mandatory, if a corporation)

04-3534271

\*\* 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.