

CK 1978  
250.00

**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**SOMERVILLE TAXI INC**  
29 KNAPP ST  
SOMERVILLE, MA 02143

License #: 405

City #66

Fee: 250.00

Account ID: 324

Reference #: 405

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)
Business/DBA Name: For <b>SOMERVILLE TAXI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-8319</b>	
License Holder: <b>SOMERVILLE TAXI INC</b> <b>29 KNAPP ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-8319</b>	
Mailing Address: <b>SOMERVILLE TAXI INC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - MANUEL TEIXEIRA</b> <b>SECRETARY - MANUEL TEIXEIRA</b>	MY HUSBAND, MANUEL, DIED 4-28-12. CORP. IS BEING PROTECTED. I HAVE POWER OF ATTORNEY AND ONE PARAGRAPH IS DONE WILL BE VASIDENT ETC. MILDRED F. TEIXEIRA
FID: <b>043175511</b>	
Food Manager/Emergency Contact: <b>MANUEL TEIXEIRA</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

**MEDALLION #66**

Description of Location and/or Other Conditions:

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: Manuel F. Teixeira

Date: 3-19-13

Print Name: MILDRED F. TEIXEIRA

Phone: 617-628-8319

2013 MAR 20 A 10:26  
CITY CLERK'S OFFICE  
SOMERVILLE, MA



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SOMERVILLE TAXI, INC

Address of taxpayer/applicant's business in Somerville: 29 KNAPP ST.

Address of taxpayer/applicant's home in Somerville: SAME

Taxpayer/applicant's phone: day: 617 6288319 evening: SAME

I, (print name) MILDAED F. TEIXEIRA, 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 19<sup>th</sup> day of MARCH, 2013. Milmaed F. Teixeira WPA  
(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: \_\_\_\_\_

# 20664031 # 23403500 # \_\_\_\_\_  
8449

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

