

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

**Application to Renew Taxi Medallion License****32 SUMMER ST CORP  
32 SUMMER ST  
SOMERVILLE MA 02143****License #:** BL15-000431  
**File #:** 15-339  
**Fee:** 250

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) |
|---|--|
| <b>Business/DBA Name:</b> 32 SUMMER ST CORP<br><b>Business Location:</b> 0 OUT OF AREA<br><b>Business Phone:</b> 617-776-8864 |  |
| <b>License Holder:</b> 32 SUMMER ST CORP<br>32 SUMMER ST<br>SOMERVILLE MA 02143   |  |
| <b>Mailing Address:</b> 32 SUMMER ST CORP<br>32 SUMMER ST<br>SOMERVILLE MA 02143  |  |
| <b>Business Type:</b> Corporation<br>LAMARTINE DANIER<br>UNKNOWN<br>JESSIE DORLEAN  |  |
| <b>FID:</b> 043427843   |  |
| <b>Emergency Contact:</b> LAMARTINE DANIER<br><b>Phone:</b> 617-776-8864  |  |
| <b>Medallion #(s):</b> MEDALLION #29  |  |

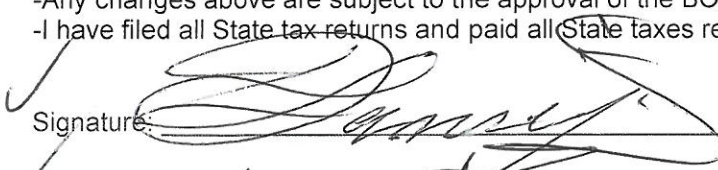
2015 APR 29 P 2:21  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: 

Date: 4/29/15

Printed Name: LAMARTINE DANIER

Phone: 617-776-8864



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: 32 SUMMER ST CORP

Address of taxpayer/applicant's business in Somerville: 32 SUMMER ST

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

Taxpayer/applicant's phone: day: 617-776-8868 evening: \_\_\_\_\_

I, (print name) Lamarine Danner, 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 29th day of

April, 20 15.  
(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: \_\_\_\_\_

# 14344 # 232028001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED  
4-29-15