



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

SLS TRANSPORTATION INC
PO BOX 370
MEDFORD, MA 02155

License #: **384**
City #75
Fee: **250.00**
Account ID: **314**
Reference #: **384**

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: SLS TRANSPORTATION INC Business Location: OUT OF AREA Business Phone: 978-230-6761	
License Holder: SLS TRANSPORTATION INC PO BOX 370 MEDFORD, MA 02155 978-230-6761	
Mailing Address: SLS TRANSPORTATION INC PO BOX 370 MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ERTA COMPERE SECRETARY - ERTA COMPERE TREASURER - ERTA COMPERE	
FID: 042788315	
Food Manager/Emergency Contact: ERTA COMPERE	

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

Hours: **NOT APPLICABLE**

MEDALLION #75

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: _____ Date _____

Print Name: _____ Phone _____

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 6/03/13

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>6-3-2013</u>
Amount Paid	<u>250.00</u>

CK # 2102

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 75

Applicant's Legal Name: SLS TRANSPORTATION Phone: 978-230-6761

Applicant's Address (with Zip Code): 45 FRANKLIN ST SOMERVILLE MA.

Applicant's Email Address: ZETA2001@GMAIL.COM

Applicant's Federal Employer Identification Number: 0428315

Mailing Name (where we should send correspondence to): (PO BOX 806) SLS TRANSPORTATION

Mailing Address (with Zip Code): PO BOX 806 HAVERHILL MA 01831

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: ERTA COMPERE

Address with Zip Code: PO BOX 806 HAVERHILL MA 01831

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: [Signature] Date: 6/03/13

Print Name: ERTA COMPERE Phone: 978-230-6761

2013 JUN -3 P 3: 15
CITY CLERK'S OFFICE
SOMERVILLE, MA

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)

0428 315

** 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.



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: 325 TRANSPORTATION INC.
- 2. Address of taxpayer/applicant's business in Somerville: 45 FRANKLIN ST
- 3. Address of taxpayer/applicant's home in Somerville: 45 FRANKLIN ST
- 4. Taxpayer/applicant's phone: day: 978-230-6761 evening: SAME

I, ERTA COMPERE, 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 3 day of JUNE, 20 13.
[Signature]
(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: _____

5794 # 169012001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

RECEIVED
UBanas
6-3-13