



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**SULLIVAN SQUARE TAXI INC**  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143

License #: **395**  
City #53  
Fee: **250.00**  
Account ID: **317**  
Reference #: **395**

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: <b>SULLIVAN SQUARE TAXI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: <b>SULLIVAN SQUARE TAXI INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-1081</b>	
Mailing Address: <b>SULLIVAN SQUARE TAXI INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - CHERYL HORAN</b> <b>PRESIDENT - GERALD CHAILLE</b> <b>TREASURER - GERALD CHAILLE</b>	
FID: <b>043208619</b>	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> <b>617-435-1979</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #53**

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: *Gerald Chaille* Date *3/26/14*  
Print Name: *Gerald Chaille* Phone *617 628 1081*



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**SULLIVAN SQUARE TAXI INC  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143**

License #: **396**  
City #54  
Fee: **250.00**  
Account ID: **317**  
Reference #: **396**

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
Business/DBA Name: <b>SULLIVAN SQUARE TAXI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: <b>SULLIVAN SQUARE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081</b>	
Mailing Address: <b>SULLIVAN SQUARE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE</b>	
FID: <b>043208619</b>	
Food Manager/Emergency Contact: <b>KAREN TAMAGNA</b> <b>617-435-1979</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #54**

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: 3/20/14

Print Name: Gerald Chaille

Phone: 617 628 1081



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Green Cab Co, Inc.

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 6176281081 evening: 6176286666

I, (print name) Gerald R. Chaille, 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 26<sup>th</sup> day of March, 2014. [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: \_\_\_\_\_  
# 16602      # 146007011      # 1329      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

 RECEIVED  
3/20/14 [Signature]

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Green Automotive, Inc.  
Address: 600 Windsor Place  
City: Somerville State: Ma Zip: 02143 Phone #: 6176282222

- I am an employer with 22 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Insurance Co  
Address: P.O. Box 6532  
City: Utica State: NY Zip: 13504 Phone #: 6176282222  
Policy #: 100871385 Expiration Date: 12-31-14

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Charles Horton Date: 3/06/14  
Print Name: Charles Horton

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_