TAXICAB MEDALLION RENEWAL

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
**	Date Recorded 5/7/10 - MS Amount Paid 9250 Gut 1417
Date March 23, 2010	Amount Paid \$250. Cht 1417
To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:	
The undersigned respectfully prays that the Boalisted below. This ownership will be subject to all forth in the Somerville Code of Ordinances, any conditions prescribed by the Board of Aldermen an revocable at any time at the pleasure of the Board of	of the terms, conditions, and limitations set applicable State and Federal laws, and any d/or City Departments. This license shall be
Medallion # 71	
Name of Corporation Somerville Trans Co	., Inc. Phone: 978-423-8775
Street Address (for mailing) 33 Nabnasset S	t PO Box 1676
City, State, Zip Code Westford, Ma 01886	
Tax Identification Number: 75-2992167	Check one:SSN <u>x</u> FEIN
Name of Applicant John DaSilva	Phone 978-423-8775
Signed under the pains and penalties of perjury this	723 rd day of March , 20 10 ,
Signature of Applicant	

CITY CHERK'S OFFICE

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)

75-2992167

** 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.