



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

WILVENS CAB INC
20 MELVIN ST
SOMERVILLE, MA 02145

License #: **430**
City #18
Fee: **250.00**
Account ID: **338**
Reference #: **430**

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: WILVENS CAB INC Business Location: OUT OF AREA Business Phone: 617-721-2306	
License Holder: WILVENS CAB INC 20 MELVIN ST SOMERVILLE, MA 02145 617-721-2306	
Mailing Address: WILVENS CAB INC 20 MELVIN ST SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) SECRETARY - EVELYNE JULCE TREASURER - EVELYNE JULCE PRESIDENT - WILFRID JULCE	
FID: 743056781	
Food Manager/Emergency Contact: WILFRID JULCE	

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

Hours: **NOT APPLICABLE**

MEDALLION #18

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 5/29/13

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5-29-13
Amount Paid 8250.00 pd

cash me

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 18 Wilvens CAB INC

Applicant's Legal Name: Wilfrid Julce Phone: 617 721-2306

Applicant's Address (with Zip Code): 20 Melvin St Apt 1 Somerville MA 02145

Applicant's Email Address: WJulce200@hotmail.com

Applicant's Federal Employer Identification Number:

Mailing Name (where we should send correspondence to): Same As

Mailing Address (with Zip Code):

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

IF A SOLE PROPRIETOR:

Owner's Name: Wilfrid Julce

Address with Zip Code: 20 Melvin St Apt 1 Somerville MA 02145

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: Wilfrid Julce Date: 5/29/13

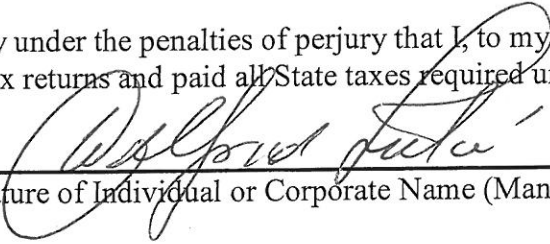
Print Name: Wilfrid Julce Phone: 617 721-2306

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 MAY 29 P 4: 57 PM

MASSACHUSETTS DEPARTMENT OF REVENUE

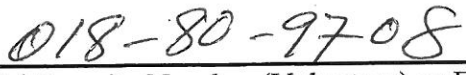
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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)



** 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

- Exact name of taxpayer/applicant's business: WITFRED JULCE
- Address of taxpayer/applicant's business in Somerville: 20 Melvin St Apt 1 Somerville MA 02145
- Address of taxpayer/applicant's home in Somerville: SAME A/B
- Taxpayer/applicant's phone: day: 617 721-2306 evening: SAME AS WELL

I, WITFRED JULCE, 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 MAY day of 29, 2013. Witfred Julce
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>9950</u>	# <u>116014001</u>	# _____	# _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP: 