



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

SOMERVILLE YELLOW CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **385**

City #33

Fee: **250.00**

Account ID: **315**

Reference #: **385**

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: SOMERVILLE YELLOW CAB INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: SOMERVILLE YELLOW CAB INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: SOMERVILLE YELLOW CAB INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042985816	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: **NOT APPLICABLE**

MEDALLION #33

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 R Chaille Date: 3/20/14

Print Name: Gerald Chaille Phone: 617-628-1081



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APPLICATION TO RENEW TAXI MEDALLION LICENSE

SOMERVILLE YELLOW CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **386**

City #34

Fee: **250.00**

Account ID: **315**

Reference #: **386**

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)
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FID: 042985816	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: **NOT APPLICABLE**

MEDALLION #34

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 R. Chaille

Date: 3/20/14

Print Name: Gerald Chaille

Phone: 617-628-1081



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**SOMERVILLE YELLOW CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **387**

City #**35**

Fee: **250.00**

Account ID: **315**

Reference #: **387**

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)
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Mailing Address: SOMERVILLE YELLOW CAB INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042985816	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: **NOT APPLICABLE**

MEDALLION #35

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: *3/20/14*

Print Name: *Gerald Chaille*

Phone: *617 628 1081*



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
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APPLICATION TO RENEW TAXI MEDALLION LICENSE

SOMERVILLE YELLOW CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **388**

City #36

Fee: **250.00**

Account ID: **315**

Reference #: **388**

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)
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Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042985816	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: **NOT APPLICABLE**

MEDALLION #36

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 R. Chaille* Date: 3/20/14

Print Name: Gerald R. Chaille Phone: 617-628-1081



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
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APPLICATION TO RENEW TAXI MEDALLION LICENSE

**SOMERVILLE YELLOW CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **389**

City #37

Fee: **250.00**

Account ID: **315**

Reference #: **389**

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)
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Mailing Address: SOMERVILLE YELLOW CAB INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042985816	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: **NOT APPLICABLE**

MEDALLION #37

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 R. Chaille*

Date: *3/20/14*

Print Name: *Gerald Chaille*

Phone: *617-628-1081*



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**SOMERVILLE YELLOW CAB INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **390**

City #38

Fee: **250.00**

Account ID: **315**

Reference #: **390**

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)
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FID: 042985816	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: **NOT APPLICABLE**

MEDALLION #38

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: 3/20/14

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 26th 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: 

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: *Michael Horan* Date: 3/26/14

Print Name: Michael Horan

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 _____