

LAW OFFICES
JOSEPH D. WISHNOW & ASSOCIATES

10 TOWER OFFICE PARK, SUITE 202
WOBURN, MASSACHUSETTS 01801

2010 NOV 16 P 4:07
CITY CLERK'S OFFICE
SOMERVILLE, MA

ROBIN FLEISCHER
OFFICE MANAGER

TELEPHONE (781) 935-2333
FAX (781) 935-1887

November 16, 2010

The Honorable John Long
Somerville City Clerk
Somerville City Hall
93 Highland Ave.
Somerville, MA 02143

RE: Permission to Refinance
Odney Cab, Inc.
License no. 72

Dear Mr. Long:

Enclosed is application for approval of second mortgage to be given by Country Club Transportation Inc. to Odney Cab, Inc.

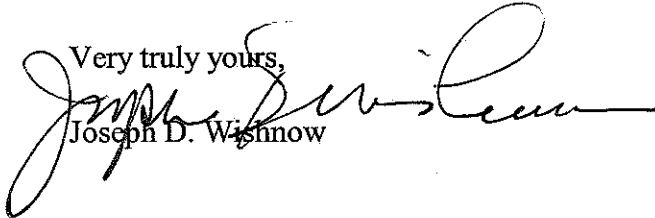
Also enclosed is the \$200.00 filing fee.

As discussed, I was able to work this out so that Mr. Andre would not lose his cab.

If you need any more documentation, please call.

Thank you for your continued assistance.

Very truly yours,


Joseph D. Wishnow

TAXICAB MEDALLION APPLICATION
AND TAXICAB OPERATOR LICENSE APPLICATION

City of Somerville, Commonwealth of Massachusetts

Date November 16, 2010

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that the Board of Aldermen ^{permit the financing} issue the taxicab medallion listed below, and ~~grant a license to operate the same taxicab for the conveyance of persons, for hire, from place to place within said City. This ownership and 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 Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.~~

Medallion # 72

Current Owner Name Odney Cab, Inc.

Phone _____

Address (Include Zip Code) _____

Applicant Name Country Club Transportation Inc.

Phone _____

Address (Include Zip Code) _____

If a corporation, name of Majority Shareholder Gerald Chaille

Date of birth 12/20/1942 SS# 029300063

Do you hold a valid Somerville Taxi Driver's License? Yes No

Do you hold a Taxi Driver's License in another city? Yes No

If yes, in what City/State? _____

Do you own a Somerville Taxicab Medallion? Yes No

Have you ever owned a Somerville Taxicab Medallion? Yes No

Have you ever owned a Taxi Medallion elsewhere? Yes No

If yes, in what City/State? _____

Provide the following information if a bank is financing the purchase:

Name of Bank N/A

Address (Include Zip Code) _____

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CITY CLERK'S OFFICE
SOMERVILLE, MA

Provide the following information if a corporation is financing the purchase:

Name of Corporation Country Club Transportation, Inc.

Address (Include Zip Code) 600 Windsor Pl., Somerville, MA 02143

Name of President Gerald Chaille

Date of Birth 12/20/1942 SS# 029300063

Name of Majority Shareholder Gerald Chaille

Date of Birth 12/20/1942 SS# 029300063

NOTE: Include a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.

Provide the following information if an individual is financing the purchase:

Name of Individual N/A

Address (Include Zip Code) _____

Date of Birth _____ SS# _____

NOTE: Include a REAP Attestation signed by the individual.

Describe any other financing: _____

Include with this Application the following documents:

- The attached REAP Attestation signed by the Applicant.
- The attached Certificate of Good Standing signed by the Applicant and acknowledged and stamped by the City's Treasury Department.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and the attached Certificate of Corporate Authority.
- If financing is by a corporation, a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.
- if financing is by an individual, a REAP Attestation signed by the individual.

Applicant agrees to forward to the City Clerk a copy of a valid Registration for the vehicle, issued by the Registry of Motor Vehicles.

Signed under the pains and penalties of perjury this 16 day of November, 2010,

Signature of Applicant Gerald Chaille Print Name Gerald Chaille

TAXI BUREAU RECOMMENDATION:

The Somerville Taxi Bureau recommends that the application be: Approved Denied

Signature J KOONM Date 11-18-10

STATEMENT OF CORPORATE AUTHORITY

I, Cheryl Horan
Name of Clerk or Secretary, Clerk of
Country Club Transportation, Inc.
Name of Corporation hereby certify that,
at a meeting of the Board of Directors of said Corporation duly held on the 16th day of
November, 2010
Month Year, at which a quorum was present and voting throughout, the following
vote was duly passed and is now in full force and effect:

VOTED: That Gerald Chaille
Name of Officer authorized to sign for the Corporation be and
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Gerald Chaille
Name of Officer authorized to sign for the Corporation to be valid
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Gerald Chaille
Name of Officer authorized to sign for the Corporation
is the duly elected president
Title of said Corporation.

Signed

Gerald Chaille
Clerk or Secretary

Place of Business

600 Windsor Pl, Somerville, MA 02143

Date

11/16/2010

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation:

Countersigned _____

Name & Title of Countersigning Officer _____

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.

Country Club Transportation, Inc.

* Signature of Individual or Corporate Name (Mandatory)

Gerald K. Chaille

By: Corporate Officer (Mandatory, if Applicable) Gerald Chaille

04-3335930

** Social Security # (Voluntary) or Federal Identification Number

* 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: O'dney Cab Inc.
- 2. Address of taxpayer/applicant's business in Somerville: 62 Clinton St Everett ma
- 3. Address of taxpayer/applicant's home in Somerville: 62 Clinton St Everett ma
- 4. Taxpayer/applicant's phone: day: 857-417-2816 evening: _____

I, _____, 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 _____ day of _____, 20_____

(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: _____
 # 03119037 # 14464031 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: **received**
UBarras

11-16-10