



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **948**
Fee: **300.00**
Account ID: **87**
Reference #: **948**

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: GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: 255 ELM STREET

2 TAXIS

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 _____



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **949**

Fee: **300.00**

Account ID: **87**

Reference #: **949**

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: GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: 503 BROADWAY

2 TAXIS

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 _____



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **950**
Fee: **900.00**
Account ID: **87**
Reference #: **950**

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: GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: 295 BROADWAY

6 TAXIS

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 _____



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **951**

Fee: **600.00**

Account ID: **87**

Reference #: **951**

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: GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: 1 DAVIS SQUARE

4 TAXIS

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.

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____ Date _____

Print Name: _____ Phone _____



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **953**
Fee: **750.00**
Account ID: **87**
Reference #: **953**

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: GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: **0 FOLEY STREET**

5 TAXIS

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.

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-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____ Date _____

Print Name: _____ Phone _____



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **954**

Fee: **600.00**

Account ID: **87**

Reference #: **954**

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: GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: 30 WASHINGTON STREET

4 TAXIS

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 _____



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

APPLICATION TO RENEW TAXI STAND LICENSE

**GREEN CAB CO INC
GREEN AND YELLOW CAB
600 WINDSOR PLACE
SOMERVILLE, MA 02143**

License #: **955**
Fee: **450.00**
Account ID: **87**
Reference #: **955**

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: GREEN AND YELLOW CAB Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN CAB CO INC GREEN AND YELLOW CAB 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CHAILLE SECRETARY - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042590310	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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

Hours: **NOT APPLICABLE**

LOCATION: 22-26 UNION SQUARE

3 TAXIS

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 _____



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: 6176282222 evening: 9782733777

I, (print name) Gerald 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 24th day of February, 2014. Gerald L. Chaille
(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: re

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 30 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
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: Gerald R. Chaiwa Date: 2/24/14

Print Name: Gerald R. Chaiwa

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 _____

TAXI STAND APPLICATION

Nonrefundable Application Fee \$150/taxi

Date 2/24/14

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business (DBA) Name: Green Cab Co, Inc. Phone: 6176282222

Applicant's Federal Employer Identification Number: 042590310

Applicant's Legal Name: same

Applicant's Address (with Zip Code): 600 Windsor Pl

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: Cheryl Horan Phone: 9782733777

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: Green Cab Co, Inc.

Name of President: Gerald Chaille

Name of Secretary: Cheryl Horan Name of Treasurer: Gerald Chaille

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

2014 FEB 27 11:10:31
CITY CLERK'S OFFICE
SUMMERVILLE, MA

Location of taxi stand 255 Elm St

Number of taxicabs at stand 2

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: *M. F. Charle* Date: 2/24/14
Print Name: M. F. Charle Phone: 6176381081

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

Location of taxi stand 503 Broadway

Number of taxicabs at stand 2

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date: 4/23/11

Print Name: Cheryl Horn Phone: 617-228-1081

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: Approved Denied

Signature _____ Date _____

Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: Approved Denied

Signature _____ Date _____

Print name _____ Title _____

Location of taxi stand 295 Broadway

Number of taxicabs at stand 6

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: *Bernard K. Charle* Date: 2/24/14
Print Name: Bernard Charle Phone: 617 628 1081

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: Approved Denied

Signature _____ Date _____

Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: Approved Denied

Signature _____ Date _____

Print name _____ Title _____

Location of taxi stand 1 Davis Square

Number of taxicabs at stand 4

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: *Terrill A. Chiu* Date: 2/24/14
Print Name: TERRILL A. CHIU Phone: 617 628 1081

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

Location of taxi stand Presently at 0 Foley Street. We are looking to relocate or have a curb cut so that the taxi's (5 taxi's) will not be obstructing Foley St. If relocated, it makes sense to put us closer to the T Station for quicker access for commuters.

Number of taxicabs at stand 5

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: *Bernard A. Chaibe* Date: 2/24/11
Print Name: Bernard Chaibe Phone: 617 628 1081

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

Location of taxi stand 30 Washington St

Number of taxicabs at stand 4

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date: 4-23-14
Print Name: CHEMIE HORN Phone: 6176281081

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

Location of taxi stand 22-26 Union Square

Number of taxicabs at stand 3

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. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: Gerald R. Charle Date: 7/24/14
Print Name: Gerald R. Charle Phone: 6176281081

FOR NEW OR EXPANDED TAXI STANDS ONLY:

TAXI BUREAU RECOMMENDATION:

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

The Taxi Bureau recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Dept. recommends that the application be: Approved Denied
Signature _____ Date _____
Print name _____ Title _____