

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date March 23, 2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

2011 MAR 31 P 12:24
CITY CLERK'S OFFICE
SOMERVILLE, MA

250-

☒ New Application or Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Medallion #: 64

Applicant's Legal Name: MADKEP TRANSPORTATION Inc. Phone: 617-666-2348

Applicant's Address (with Zip Code): 13 Princeton St., Som MA 02144

Applicant's Email Address: dedon@verizon.net

Applicant's Federal Employer Identification Number: 043000672

Mailing Name (where we should send correspondence to): same as above

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: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Philip C. Donahue

Address with Zip Code: 13 Princeton St., Som. MA 02144

Partner's/Member's/Secretary's Name: Philip R. Donahue

Address with Zip Code: 25 Chesterfield Ave, Billerica MA 01821

Partner's/Member's/Treasurer's Name: Denise Foscara

Address with Zip Code: 13 Princeton St. Som. MA 02144

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: Sandra L. Donahue Date: 3/23/2011

Print Name: Sandra L. Donahue Phone: 617-666-2348

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.

MADKEP TRANSPORTATION, INC.

* Signature of Individual or Corporate Name (Mandatory)

Sandra L. Donahue, Vice President

By: Corporate Officer (Mandatory, if a corporation)

043000672

** 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

1. Exact name of taxpayer/applicant's business: MADLER TRANSPORTATION, INC.
2. Address of taxpayer/applicant's business in Somerville: 13 Princeton St.
3. Address of taxpayer/applicant's home in Somerville: 13 Princeton St
4. Taxpayer/applicant's phone: day: 617-666-2348 evening: Same

I, Sandra L. Donahue, 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 23rd day of March, 20 11. Sandra L Donahue
(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: _____
04226060 # 22604400 # NO ACC # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

Received
11/11/11