



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

2013 APR -8 P 1-25

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW TAXI MEDALLION LICENSE

ORMOND TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: **417**

City #49

Fee: **250.00**

Account ID: **332**

Reference #: **417**

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: For ORMOND TRANSPORTATION COMPANY INC	
Business Location: OUT OF AREA	
Business Phone: 978-423-8775	
License Holder: ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: ORMOND TRANSPORTATION COMPANY INC WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA	
FID: 043565204	
Food Manager/Emergency Contact: JOHN DASILVA	

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

Hours: **NOT APPLICABLE**

MEDALLION #49

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: 4/4/13

Print Name: JOHN DASILVA

Phone: 978-423-8775



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BOARD OF ALDERMEN**
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CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

ORMOND TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: **418**

City #50

Fee: **250.00**Account ID: **332**Reference #: **418**

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: For ORMOND TRANSPORTATION COMPANY INC Business Location: OUT OF AREA Business Phone: 978-423-8775	
License Holder: ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: ORMOND TRANSPORTATION COMPANY INC WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA	
FID: 043565204	
Food Manager/Emergency Contact: JOHN DASILVA	

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

Hours: **NOT APPLICABLE**

MEDALLION #50

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: *John Dasilva*

Date: 4/4/13

Print Name: JOHN DASILVA

Phone: 978-423-8775



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
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2013 APR -8 P 1:25

APPLICATION TO RENEW TAXI MEDALLION LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MA 419

ORMOND TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: _____

City #62

Fee: 250.00

Account ID: 332

Reference #: 419

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: For ORMOND TRANSPORTATION COMPANY INC	
Business Location: OUT OF AREA	
Business Phone: 978-423-8775	
License Holder: ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: ORMOND TRANSPORTATION COMPANY INC WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA	
FID: 043565204	
Food Manager/Emergency Contact: JOHN DASILVA	

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

Hours: **NOT APPLICABLE**

MEDALLION #62

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: *John D. Silva*

Date: 4/4/13

Print Name: JOHN D. SILVA

Phone: 978-423-8775



**CITY OF SOMERVILLE
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CITY CLERK'S OFFICE
SOMERVILLE, MA

ORMOND TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: **420**

City #89

Fee: **250.00**

Account ID: **332**

Reference #: **420**

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: For ORMOND TRANSPORTATION COMPANY INC	
Business Location: OUT OF AREA	
Business Phone: 978-423-8775	
License Holder: ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775	
Mailing Address: ORMOND TRANSPORTATION COMPANY INC WESTFORD, MA 01886	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA	
FID: 043565204	
Food Manager/Emergency Contact: JOHN DASILVA	

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

Hours: **NOT APPLICABLE**

MEDALLION #89

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: *John Dasilva*

Date: 4/4/13

Print Name: JOHN DASILVA

Phone: 978-423-8775