

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

License #:

417

ORMOND TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886

Fee:

City #49 250.00

Account ID:

332

Reference #:

417

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 COMPA Business Location: OUT OF AREA Business Phone: 978-423-8775	ANY INC
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

I hereby certify under the penalties of perjury that the following is true);
-All information shown above is true and accurate.	LDEDMEN
-Any changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by I	aw for this business.
	1, 1,
Signature: Hoffin for School	Date
Print Name: JOHN TASINA	Phone 978-423-8775
V	



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

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CITY CLERK'S OFFICE

APPLICATION TO RENEW TAXI MEDALLION LIGENSELLE, MA

License #:

418

ORMOND TRANSPORTATION COMPANY INC

PO BOX 1676

WESTFORD, MA 01886

Fee:

City #50 250.00

Account ID:

332

Reference #:

418

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 COMP Business Location: OUT OF AREA Business Phone: 978-423-8775	ANY INC	
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

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF All -I have filed all State tax returns and paid all State taxes required by Is	
Signature: Jahn months	Date 4/4/13
Print Name / JOHN DASINA	Phone 978-423-8775



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

2013 APR -8 P 1:25

APPLICATION TO RENEW TAXI MEDALLION LICENSE CITY CLERK'S OFFICE License #. MERVILLE, MA 419

City #62

ORMOND TRANSPORTATION COMPANY INC. PO BOX 1676 WESTFORD, MA 01886

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 COMPA	ANY INC
Business Location:	OUT OF AREA	
Business Phone:	978-423-8775	
License Holder: ORMO PO BOX 1676 WESTFORD, MA 018 978-423-8775	OND TRANSPORTATION COMPANY INC	
Mailing Address: ORM WESTFORD, MA 018	OND TRANSPORTATION COMPANY INC 86	
Business Type: CORP PRESIDENT - JOHN I SECRETARY - JOHN	ORATION (INC. LLC) DASILVA DASILVA	
FID: 043565204		
Food Manager/Emero	gency Contact:	

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

Hours: NOT APPLICABLE

MEDALLION #62

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF AL	DERMEN.
-I have filed all State tax returns and baid all State taxes required by la	aw for this business.
Signature: John for the State of the State o	Date 4/4/13
Print Name: JOHN DA SILVA	Phone 978-423-8775



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

2013 APR -8 P 1:25

APPLICATION TO RENEW TAXI MEDALLION LICENSE

CITY CLERK'S OFFICE SOMERVILLE, MA420

License #:

City #89

ORMOND TRANSPORTATION COMPANY INC. PO BOX 1676 WESTFORD, MA 01886

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 COMPA Business Location: OUT OF AREA Business Phone: 978-423-8775	NY INC
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. C Hours: NOT APPLICABLE	contact the City Clerk's Office for more information)

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by I	
Signature: John John	Date 4/4/13
Print Name JOHN DASILVA	Phone 978-423-8775