



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR 20 P 2:23

CITY CLERK'S OFFICE

Application to Renew Taxi Medallion License

COUNTRY CLUB TRANSPORTATION INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000436
File #: 15-342
Fee: 305

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: COUNTRY CLUB TRANSPORTATION INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043335930	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #3	

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: _____

Printed Name: _____

Phone: _____



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
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Application to Renew Taxi Medallion License

CITY CLERK'S OFFICE
SOMERVILLE, MA

COUNTRY CLUB TRANSPORTATION INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000437
File #: 15-342
Fee: 305

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: COUNTRY CLUB TRANSPORTATION INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043335930	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #4	

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: _____

Printed Name: _____

Phone: _____



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 APR 20 P 2:23

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

COUNTRY CLUB TRANSPORTATION INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000438
File #: 15-342
Fee: 305

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: COUNTRY CLUB TRANSPORTATION INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043335930	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #5	

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: _____

Printed Name: _____

Phone: _____



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR 20 P 2:24

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Taxi Medallion License

COUNTRY CLUB TRANSPORTATION INC
600 WINDSOR PLACE
SOMERVILLE MA 02143

License #: BL15-000439
File #: 15-342
Fee: 305

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: COUNTRY CLUB TRANSPORTATION INC Business Location: 0 OUT OF AREA Business Phone: 617-628-1081	
License Holder: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Mailing Address: COUNTRY CLUB TRANSPORTATION INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
Business Type: Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
FID: 043335930	
Emergency Contact: KAREN TAMAGNA Phone: 617-949-1002	Karen Lima
Medallion #(s): MEDALLION #46	

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: _____

Printed Name: _____

Phone: _____



2015 APR 14 P 12:04

City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: 600 Windsor St

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-712-8585 evening: _____

I, (print name), 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: trbeller **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

N/A # N/A # 1296 # _____

NOTES:

CLERK'S INITIALS: _____



ORIGINAL STAMP: