



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**LOVE CAB INC
21 CARY ST
BROCKTON, MA 02302**

License #: **406**
City #92
Fee: **250.00**
Account ID: **325**
Reference #: **406**

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: LOVE CAB INC Business Location: OUT OF AREA Business Phone: 617-293-6512	
License Holder: LOVE CAB INC 21 CARY ST BROCKTON, MA 02302 617-293-6512	
Mailing Address: LOVE CAB INC 21 CARY ST BROCKTON, MA 02302	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JEAN LOVINCE SECRETARY - JEAN LOVINCE TREASURER - JEAN LOVINCE	<i>SEE ATTACHED</i>
FID: 800426116	
Food Manager/Emergency Contact: JEAN LOVINCE 617-625-5000	

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

Hours: **NOT APPLICABLE**

MEDALLION #92

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 _____

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00 #92

Date 5/15/2013

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5/15/13 -MS
Amount Paid \$250.00 cash

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Medallion #: 99

Applicant's Legal Name: Love-cab INC Phone: 617/293-65-12

Applicant's Address (with Zip Code): 117 DIVISION ST, BROCKTON MA 02302

Applicant's Email Address:

Applicant's Federal Employer Identification Number: 80-0429116

Mailing Name (where we should send correspondence to): 117 DIVISION ST, BROCKTON

Mailing Address (with Zip Code): 02302

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: Jean Lovince

Address with Zip Code: 117 DIVISION ST BROCKTON MASS 02302

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

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

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

Address with Zip Code:

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 MAY 15 A 11:07

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: Jean Lovince Date: 5/15/2013

Print Name: JEAN LOVINCE Phone: 617/293-65-12

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.

* Signature of Individual or Corporate Name (Mandatory)

Jean Lorne

By: Corporate Officer (Mandatory, if a corporation)

** 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: Jean LOVINCE
2. Address of taxpayer/applicant's business in Somerville: 600 Windsor Pt Somerville
3. Address of taxpayer/applicant's home in Somerville: 11 " "
4. Taxpayer/applicant's phone: day: 617/293-65-12 evening: _____

I, Jean LOVINCE, 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: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

16448 # 146007001 # 1346 # _____

NOTES:

CLERK'S INITIALS: UPB ORIGINAL STAMP: _____

RECEIVED
UBanis
5-15-13