



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

2013 APR -8 P 1:24

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

SILCOR TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: 421

City #51

Fee: 250.00

Account ID: 333

Reference #: 421

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 SILCOR TRANSPORTATION COMPANY INC Business Location: OUT OF AREA Business Phone: 978-423-8775 | |
| License Holder: SILCOR TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775 | |
| Mailing Address: SILCOR TRANSPORTATION COMPANY INC WESTFORD, MA 01886 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA | |
| FID: 043242035 | |
| 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 #51

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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SOMERVILLE, MA

APPLICATION TO RENEW TAXI MEDALLION LICENSE

SILCOR TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: 422

City #52

Fee: 250.00

Account ID: 333

Reference #: 422

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 SILCOR TRANSPORTATION COMPANY INC | |
| Business Location: OUT OF AREA | |
| Business Phone: 978-423-8775 | |
| License Holder: SILCOR TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775 | |
| Mailing Address: SILCOR TRANSPORTATION COMPANY INC WESTFORD, MA 01886 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA | |
| FID: 043242035 | |
| 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 #52

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: _____

4/4/13

978-423-8775



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**SILCOR TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886**

License #: **423**

City #77

Fee: **250.00**

Account ID: **333**

Reference #: **423**

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 SILCOR TRANSPORTATION COMPANY INC | |
| Business Location: OUT OF AREA | |
| Business Phone: 978-423-8775 | |
| License Holder: SILCOR TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775 | |
| Mailing Address: SILCOR TRANSPORTATION COMPANY INC WESTFORD, MA 01886 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA | |
| FID: 043242035 | |
| 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 #77

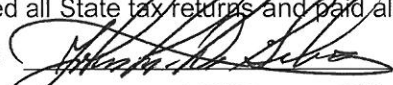
Description of Location and/or Other Conditions:

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: 
Print Name: JOHN DASILVA

Date: 4/4/13
Phone: 978-423-8775



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SOMERVILLE, MA

SILCOR TRANSPORTATION COMPANY INC
PO BOX 1676
WESTFORD, MA 01886

License #: 424

City #93

Fee: 250.00

Account ID: 333

Reference #: 424

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 SILCOR TRANSPORTATION COMPANY INC | |
| Business Location: OUT OF AREA | |
| Business Phone: 978-423-8775 | |
| License Holder: SILCOR TRANSPORTATION COMPANY INC PO BOX 1676 WESTFORD, MA 01886 978-423-8775 | |
| Mailing Address: SILCOR TRANSPORTATION COMPANY INC WESTFORD, MA 01886 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN DASILVA SECRETARY - JOHN DASILVA | |
| FID: 043242035 | |
| 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 #93

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*
Print Name: JOHN DASILVA

Date: 4/4/13
Phone: 978-423-8775