

**IMPORTANT**

pol  
\$250.00  
CASH

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Medallion  
License Number: #191772  
Business Name: Love Cab Inc  
Location: N/A  
Medallion(s): 92  
Special Conditions (if any):

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 MAY 29 P 1:10  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

The DBA Name of the Business:	LOVE Cab INC
Somerville Address and Zip Code:	600 WILSON PL, Somerville
Phone Number of the Business:	617/293-65-12

The Legal Name of the License Holder:	Jean LOVINCE
Street Address of the License Holder:	21 CARY ST
City, State and Zip Code of the License Holder:	BROCKTON MA 02309
Phone Number of the License Holder:	617/293-65-12
Email Address of the License Holder:	

Where We Should Send Mail: Name:	
Street Address:	21 CARY ST
City, State and Zip Code:	BROCKTON 02309
Email:	
Phone Number:	617 293-65-12

Federal ID # (Do Not Give a Social Security #):	80-0429116
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Emergency Contact and Phone (For Fire Dept. Use):	617/625-5000
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Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

\_\_\_\_\_

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

\_\_\_\_\_

Corporation (inc. LLC): Name of President: Jean Lovince

Name of Secretary: \_\_\_\_\_ // // //

Name of Treasurer: \_\_\_\_\_ // // //

Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Jean Lovince Date 5/20/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: LOVE CAB INC

Address of taxpayer/applicant's business in Somerville: 600 WINDSOR PL Somerville

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617/293-6512 evening: 617/293-6512

I, (print name) Jean Louince, 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: \_\_\_\_\_

# N/A      # N/A      # N/A      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** URB

**ORIGINAL STAMP:**

**RECEIVED**  
Barney  
5-29-12

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.

LOVE CAB INC  
\* Signature of Individual or Corporate Name (Mandatory)

JEAN LOVINCE  
By: Corporate Officer (Mandatory, if a corporation)

068-66-52-05  
\*\* 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.