



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

MICHAEL CAB INC
457 SOMERVILLE AVE #2
SOMERVILLE, MA 02143

License #: 376
City #88
Fee: 250.00
Account ID: 310
Reference #: 376

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: MICHAEL CAB INC Business Location: OUT OF AREA Business Phone: 617-501-6189	
License Holder: MICHAEL CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE, MA 02143 617-501-6189	
Mailing Address: MICHAEL CAB INC 457 SOMERVILLE AVE #2 SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - CHAD SILVA SECRETARY - CHAD SILVA TREASURER - CHAD SILVA	
FID: 432105857	
Food Manager/Emergency Contact: CHAD SILVA 617-501-6189	

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

Hours: **NOT APPLICABLE**

MEDALLION #88

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: _____

Chad Silva

Date _____

3/31/14

Print Name: _____

Chad Silva

Phone _____

617 501 6189



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Michael Cab Inc

Address of taxpayer/applicant's business in Somerville: 457 Somerville Ave Apt 2 Som
Ma 02143

Address of taxpayer/applicant's home in Somerville: Same as Above

Taxpayer/applicant's phone: day: 617 501 6189 evening: 617 501 6189

I, (print name) Chad Silva, 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 31st day of March, 20 14. Chad Silva
(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: _____

13863 # 242030001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 