

IMPORTANT

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: #191226
Business Name: Bye Bye Cab Inc
Location: N/A
Medallion(s): 86
Special Conditions (if any):

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

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:

Somerville Address and Zip Code:

Phone Number of the Business:

The Legal Name of the License Holder: Bye Bye Cab Inc

Street Address of the License Holder: 600 Windsor Pl.

City, State and Zip Code of the License Holder: Somerville MA 02143

Phone Number of the License Holder: 617-625-2222 (978-535-2544) office

Email Address of the License Holder: Fleischer33@Comcast.net

Where We Should Send Mail: Name: Bye Bye Cab c/o Barry Fleischer

Street Address: 33 Roosevelt Ave.

City, State and Zip Code: Peabody MA 01960

Email: Fleischer33@comcast.net

Phone Number: 978 535 2544

Federal ID # (Do Not Give a Social Security #): 04-358-2440

Emergency Contact and Phone (For Fire Dept. Use):

-OVER-

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: Barry Fleischer

Name of Secretary: Barry Fleischer

Name of Treasurer: Barry Fleischer

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.

Bye Bye Cab, Inc

License Holder Signature: *[Signature]*

*Robin Fleischer
Vice President*

Date 4/17/2012

LAW OFFICES
JOSEPH D. WISHNOW & ASSOCIATES

10 TOWER OFFICE PARK, SUITE 202
WOBURN, MASSACHUSETTS 01801

ROBIN FLEISCHER
OFFICE MANAGER, 2012

TELEPHONE (781) 935-2333
FAX (781) 935-1887

City Hall
John Long
City Clerk
City of Somerville
93 Highland Ave.
Somerville, MA 02143

RE Medallion Renewal
Bye Bye Cab, Inc.
Medallion no. 86

Dear Mr. Long:

Enclosed is renewal application along with \$250.00 fee.

Thank you.


Robin Fleischer

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 APR 18 PM 7:31



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Barry Fleischer

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

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

Taxpayer/applicant's phone: day: 978 535 2844 evening: Same

I, (print name) Barry Fleischer, 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 17 day of April, 2012. [Signature]
(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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** _____