



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**ELYSSE CORP
94 FLINT ST
SOMERVILLE, MA 02145**

License #: **440**
City #48
Fee: **250.00**
Account ID: **343**
Reference #: **440**

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: ELYSSE CORP Business Location: OUT OF AREA Business Phone: 617-776-2451	/
License Holder: ELYSSE CORP 94 FLINT ST SOMERVILLE, MA 02145 617-776-2451	
Mailing Address: ELYSSE CORP 94 FLINT ST SOMERVILLE, MA 02145	2014 APR 15 P 12: 32 CITY CLERK'S OFFICE SOMERVILLE, MA
Business Type: CORPORATION (INC. LLC)	
FID: 161702282	
Food Manager/Emergency Contact:	

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

Hours: **NOT APPLICABLE**

MEDALLION #48

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: *Yves Elysse* Date 4-15-2014
 Print Name: YVES ELYSSE Phone 617-888-7329