



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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**SLS TRANSPORTATION INC**  
PO BOX 806  
HAVERHILL, MA 01831

License #: **384**  
City #75  
Fee: **250.00**  
Account ID: **314**  
Reference #: **384**

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
Business/DBA Name: <b>SLS TRANSPORTATION INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>978-230-6761</b>	
License Holder: <b>SLS TRANSPORTATION INC</b> <b>PO BOX 806</b> <b>HAVERHILL, MA 01831</b> <b>978-230-6761</b>	
Mailing Address: <b>SLS TRANSPORTATION INC</b> <b>PO BOX 806</b> <b>HAVERHILL, MA 01831</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ERTA COMPERE</b> <b>SECRETARY - ERTA COMPERE</b> <b>TREASURER - ERTA COMPERE</b>	
FID: <b>042788315</b>	
Food Manager/Emergency Contact: <b>ERTA COMPERE</b>	

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

Hours: **NOT APPLICABLE**

**MEDALLION #75**

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 \_\_\_\_\_

# TAXICAB MEDALLION RENEWAL

Application Fee \$250.00 \_\_\_\_\_

Date 4/07/14

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Amount Paid \$250.00

2014 APR -7 A 9:46

New Application or Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Medallion #: 75

Applicant's Legal Name: SLS TRANSPORTATION INC Phone: 978-230-6761

Applicant's Address (with Zip Code): P O BOX 806 HAVERHILL MA 01831

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 042788315

Mailing Name (where we should send correspondence to): P O BOX 806 HAVERHILL MA 01831

Mailing Address (with Zip Code): P O BOX 806 HAVERHILL MA 01831

Type of Business (Check one):  
 Sole Proprietor     Partnership (inc. LLP)     Trust  
 Corporation (inc. LLC)     Other \_\_\_\_\_

### IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

### IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date: 4/07/14

Print Name: ERTA COMPERE Phone: 978-230-6761