

LEE TAXI INC

600 WINDSOR PLACE SOMERVILLE, MA 02143

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #: 357

Fee:

City #7 250.00

Account ID:

306

Reference #:

357

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: LEE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081		
License Holder: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081		
Mailing Address: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143		
Business Type: CORPORATION (INC. LLC SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	()	
FID: 042787651		
Food Manager/Emergency Contact: KAREN TAMAGNA	617-435-1979	
Conditions: (to change any conditions,	submit a new applicati	ion. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

MEDALLION #7

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF A -I have filed all State tax returns and paid all State taxes required by I	I DERMEN.
Signature: Lind A Chall	Date 3-20-14
Print Name: () () () () ()	Phone 6/7 6/8/08/



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #: 358

City #8

250.00 Fee: 306 Account ID:

Reference #: 358

600 WINDSOR PLACE SOMERVILLE, MA 02143

LEE TAXI INC

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer

and policy number. Then sign the Ackn	owledgment and return	n 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: LEE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081			
License Holder: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081			
Mailing Address: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143			
Business Type: CORPORATION (INC. LLC SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	C)		
FID: 042787651			
Food Manager/Emergency Contact: KAREN TAMAGNA	617-435-1979		
Conditions: (to change any conditions, Hours: NOT APPLICABLE MEDALLION #8	submit a new applicat	ion. Contact the City Clerk's Office for more information)	

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF A -I have filed all State tax returns and paid all State taxes required by	
Signature:	Date
Print Name: 610 ald Chaile	Phone <u>(170)8/08/</u>



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

359 License #:

City #9

Fee: 250.00 Account ID: 306

Reference #: 359

LEE TAXI INC **600 WINDSOR PLACE** SOMERVILLE, MA 02143

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer

		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: LEE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081		•
License Holder: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081		
Mailing Address: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143		
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE		
FID: 042787651		
Food Manager/Emergency Contact: KAREN TAMAGNA	617-435-1979	
Hours: NOT APPLICABLE MEDALLION #9		Contact the City Clerk's Office for more information)
Description of Location and/or Other Cor	nditions:	

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF AL -I have filed all State to returns and paid all State taxes required by la	LDERMEN.
Signature:	Date 3/20/19
Print Name: 60/00/d Chaill	Phone 6/7/12/2/08/



LEE TAXI INC

600 WINDSOR PLACE SOMERVILLE, MA 02143

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

360

Fee:

City #10

Account ID:

250.00 306

Reference #:

360

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON F	LE:	CHANGES: (Note below or explain on a separate sheet
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	LEE TAXI INC DUT OF AREA 617-628-1081	
License Holder: LEE TA) 600 WINDSOR PLACE SOMERVILLE, MA 0214 617-628-1081		
Mailing Address: LEE TA 600 WINDSOR PLACE SOMERVILLE, MA 0214		
Business Type: CORPOR SECRETARY - CHERYL PRESIDENT - GERALD TREASURER - GERALD	CHAILLE	
FID: 042787651		
Food Manager/Emerge KAREN TAMAGNA	ency Contact: 617-435-1979	
,		n. Contact the City Clerk's Office for more information)
Hours: NOT APPLICA	ABLE	
MEDALLION #10		
Description of Location	and/or Other Conditions:	
-All information shown	he penalties of perjury that the following above is true and accurate. re subject to the approval of the BOARD ix returns and paid all State taxes require	
Signature:	Gurda Rehall	Date 3-30-/4
Print Name: 6 Crac	d Chaill	Phone (17) (1) 8/08/



INFORMATION ON FILE:

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #: 361

LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 City #11
Fee: 250.00

Account ID:

306

Reference #:

CHANGES: (Note below or explain on a separate sheet)

361

Review and update the information below. <u>If you have workers compensation insurance</u>, 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.

Business/DBA Name	ELEE TAXI INC	9		
Business Location:	OUT OF AREA			
Business Phone:	617-628-1081			
License Holder: LEE T 600 WINDSOR PLACI SOMERVILLE, MA 02 617-628-1081	E			
Mailing Address: LEE 600 WINDSOR PLACI SOMERVILLE, MA 02	E			e e e e e e e e e e e e e e e e e e e
Business Type: CORP SECRETARY - CHER PRESIDENT - GERAL TREASURER - GERA	D CHAILLE			
FID: 042787651				
Food Manager/Eme		35-1979		
O			ta at tha	it. Clark's Office for more information
		а пем аррисацоп. Сс	maci me C	ity Clerk's Office for more information)
Hours: NOT APPLI	JABLE			
MEDALLION #11				
Description of Locati	on and/or Other Conditions	S:	* * *	
613 833 ASS				
-All information show -Any changes above -I have filed all State	r the penalties of perjury the vn above is true and accurate are subject to the approvation tax returns and paid all States.	ate. al of the BOARD OF a ofte taxes required by	ALDERMENT I I I I I I I I I I I I I I I I I I I	N. s business.
Signature:	11 11 1/2		_ Date _	1/2/1/4
Print Name: 010	rla Chaile		_ Phone	41/48/08/



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #: 362

City #12

LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143

Fee:

250.00

Account ID:

306

Reference #:

362

Review and update the information below. <u>if you have workers compensation insurance</u>, 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: LEE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081			
License Holder: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081			
Mailing Address: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143			
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE			
FID: 042787651			
Food Manager/Emergency Contact: KAREN TAMAGNA	617-435-1979		

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

Hours: NOT APPLICABLE

MEDALLION #12

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business. Signature: Date	
Africa June 10 10 10 10 10 10 10 10 10 10 10 10 10	_
Print Name: () (/ 1/4 (/ 1/4) / 1/4 Phone (/ / 4/8 / 1/8 / 1/4)	_



93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

363

LEE TAXI INC **600 WINDSOR PLACE** SOMERVILLE, MA 02143

Fee:

City #13 250.00

Account ID:

306

Reference #:

363

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: LEE TAXI INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: LEE TAXI INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042787651	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	
Conditions: (to change any conditions, submit a new application Hours: NOT APPLICABLE MEDALLION #13	on. Contact the City Clerk's Office for more information)

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by la	DERMEN
Signature: / //////////////////////////////////	Date 3/20/14
Print Name: 61/4/d Chai/M	Phone 6/7628/08/



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Cab Co, Inc.										
Address of taxpayer/applicant's business in Somerville: 600 Windsor Place										
Address of taxpayer/applicant's home in Somerville:										
Taxpayer/applicant's phone: day: 6176281081 evening: 6176286666										
I, (print name) Gerald R. Chaille, 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										
CITY'S ACKNOWLEDGEMENT										
DATE OF ISSUANCE: _	DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:									
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:										
Real Estate	□ Water/Sewer	Personal Property	☐ Other:							
#16602	# 146067011	# 1329	#							
NOTES:										
CLERK'S INITIALS: _	Cp.	ORIGINAL STAMP:	3/20/140							

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant in	formation:								
Name:	G	reen Auto	motive	e, Inc.					
Address:	600 Winds	or Place					No. 2 and contracts		
City:	Somervi	lle	State:	Ма	Zip:	02143	Phone #:	61	76282222
I am a solemployee We are a dexemption We are a dexemption	mployer with22 or part time). e proprietor or par s. corporation that ha n per c152 s1(4), a nonprofit organiza s and have no emp	tnership and as exercised and and have no e tion staffed b	have no	of	Rest Offi Non Ente	taurant/Ba ice and/or iprofit ertainment nufacturin ilth Care	Sales (rea	Establishm I estate, au	
Workers' con	mpensation insur	ance inform	ation (i	f applical	ble):				
Insurance Con	mpany Name:	Utica N	lationa	l Insura	ance Co	0			
Address:	P.C). Box 653	32						0
City:	Utica		State:	NY	Zip: 1	13504	Phone #:	617628	32222
Policy #:	10087138	35	*****				Expiration	n Date:	12-31-14
Applicant cer	tification:								
penalties of a WORK ORD	ture coverage as fine up to \$1,500. ER and a fine of the Office of Inves	00 and/or or \$100.00 a	ne years' day aga	' imprisor ainst me.	nment as I unders	well as ci stand that	vil penalti	es in the f	form of a STOP
I do hereby ce	rtify under the pai	ns and pedal	ties of p	erjury tha	t the info	rmation p	rovided at	ove is true	and correct.
Signature:	1/11/	VAV	M.				Date:	3/06/	114
Print Name:	(1	MITIL	HO	111)				
CONTRACTOR OF STREET				NED YEAR			MARKET THE	8 5) 2 7 A 1 4 A 2	THE REAL PROPERTY.
	Official use only	. Do not wri	te in this	s area. To	be comp	pleted by c	ity or tow	n official.	É
City or Ton			Permit	/License †	¥:		[[[Buildin City/To Licensi	of Health g Department wn Clerk ng Board en's Office
700	rson:		Phone		70 J.700 F. Mill	1,0115		_Other	
(revised Jan. 20	008)		62632	e pur Grander de	ARREST SERVICES	40	Andride Minis	N. 12 2 2	