

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 04/18/11

FOR CITY CLERK'S OFFICE ONLY 2011 MAY 19 P 6:56
Date Recorded
Amount Paid \$250.00 CITY CLERK'S OFFICE SOMERVILLE, MA

New Application or Renewing Application with Additions or Changes

X Renewing Application with NO Additions or Changes

Medallion #: 56

Applicant's Legal Name: Victory Cab Corp Phone: (617) 718-3602

Applicant's Address (with Zip Code): 255 Medford St #7, Somerville, MA 02143

Applicant's Email Address: Victoryccorp@hotmail.com

Applicant's Federal Employer Identification Number: 04-3534271

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code): 255 Medford St #7, Somerville, MA 02143

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
X 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: ETIENE F. AGUIAR

Address with Zip Code: 255 Medford St #7 Somerville, MA 02143

Partner's/Member's/Secretary's Name: SARA AGUIAR

Address with Zip Code: 255 Medford St #7 Somerville, MA 02143

Partner's/Member's/Treasurer's Name: ETIENE F. AGUIAR

Address with Zip Code: 255 Medford St #7 Somerville, MA 02143

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: 04/18/11

Print Name: ETIENE F. AGUIAR Phone:

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

VICTORY CAB CORP.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-3534271

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Exact name of taxpayer/applicant's business: Victory CAB Corp.
- Address of taxpayer/applicant's business in Somerville: 255 Medford St # 7
- Address of taxpayer/applicant's home in Somerville: 255 Medford St # 7
- Taxpayer/applicant's phone: day: (617) 718-3602 evening: (617) 628-4534

I, ETIENE F. AGUIAR, 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 18 day of MAY, 2011.
[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: _____

23762008
 # 118001011
 # _____
 # _____

NOTES:

CLERK'S INITIALS: CB

ORIGINAL STAMP: **received**
[Signature]
5-19-11