



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

2013 APR -2 P 3:10

**APPLICATION TO RENEW TAXI MEDALLION LICENSE** CITY CLERK'S OFFICE  
SOMERVILLE, MA

**MICHAEL CAB INC**  
457 SOMERVILLE AVE #2  
SOMERVILLE, MA 02143

License #: 376

City #88

Fee: 250.00

Account ID: 310

Reference #: 376

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: For <b>MICHAEL CAB INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-501-6189</b>	
License Holder: <b>MICHAEL CAB INC</b> <b>457 SOMERVILLE AVE #2</b> <b>SOMERVILLE, MA 02143</b> <b>617-501-6189</b>	
Mailing Address: <b>MICHAEL CAB INC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - CHAD SILVA</b> <b>SECRETARY - CHAD SILVA</b>	<i>S-corporation Treasurer Chad Silva</i>
FID: <b>432105857</b>	
Food Manager/Emergency Contact: <b>CHAD SILVA</b>	<i>617 501 6189</i>

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

Hours: **NOT APPLICABLE**

**MEDALLION #88**

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: *Chad Silva* Date: *4/2/13*

Print Name: *Chad Silva* Phone: *617 501 6189*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Michael Cab Inc

Address of taxpayer/applicant's business in Somerville: 457 Somerville Ave Som Ma. 02143

Address of taxpayer/applicant's home in Somerville: 457 Somerville Ave Som Ma. 02143

Taxpayer/applicant's phone: day: 617 501 6189 evening: 617 501 6189

I, (print name) Chad Silva, 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 2nd day of April, 20 13. Chad Silva  
(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: \_\_\_\_\_

# 13728 # 242030001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URS ORIGINAL STAMP:

