

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date March 23, 2010

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/7/10 - ms

Amount Paid \$250.00 ck# 1178

To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below. This ownership 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 Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # 65, 69, 80

Name of Corporation Alewife Trans Co., Inc. Phone: 978-423-8775

Street Address (for mailing) 33 Nabnasset St PO Box 1676

City, State, Zip Code Westford, Ma 01886

Tax Identification Number: 04-3247085 Check one: SSN ☒ FEIN

Name of Applicant John DaSilva Phone 978-423-8775

Signed under the pains and penalties of perjury this 23rd day of March, 20 10

Signature of Applicant 

2010 MAY -7 A 9:56
CITY CLERK'S OFFICE
SOMERVILLE, MA

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Medallion # 69

Name of Corporation Alewife Trans Co., Inc. Phone: 978-423-8775

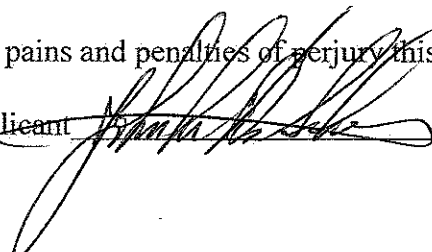
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Medallion # 80

Name of Corporation Alewife Trans Co., Inc. Phone: 978-423-8775

Street Address (for mailing) 33 Nabnasset St PO Box 1676

City, State, Zip Code Westford, Ma 01886

Tax Identification Number: 04-3247085 Check one: SSN ☒ FEIN

Name of Applicant John DaSilva Phone 978-423-8775

Signed under the pains and penalties of perjury this 23rd day of March, 20 10,

Signature of Applicant 

CITY CLERK'S OFFICE
SOMERVILLE, MA

2010 MAY -7 A 9 56

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.

Alewife Trans Co., Inc.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-3247085

** 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.