

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Taxi Medallion
License Number: #191620
Business Name: Elysse Corp
Location: N/A
Medallion(s): 48
Special Conditions (if any):

Renewal Fee (Return with this application): \$250 per Medallion

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 JUN 25 PM 4:26

The DBA Name of the Business: Elysse Corp
Somerville Address and Zip Code: 600 Windsor Place Somerville, MA
Phone Number of the Business: 617-888-7329

The Legal Name of the License Holder: Yves ELYSSE
Street Address of the License Holder: 94 Flint St Somerville, MA
City, State and Zip Code of the License Holder: Som, MA 02145
Phone Number of the License Holder: 617-888-7329
Email Address of the License Holder: YGabrielle@hotmail.com

Where We Should Send Mail: Name: 600 ELYSSE INC
Street Address: 600 Windsor Place
City, State and Zip Code: Somerville
Email: YGabrielle@hotmail.com
Phone Number: 617-726-2451 or 617-888-7329

Federal ID # (Do Not Give a Social Security #):

Emergency Contact and Phone (For Fire Dept. Use): Yves ELYSSE 617-888-7329

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

☒ Sole Proprietor: Name of Owner: _____

☒ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: Yves Elyse

Jonell Jimoleon

____ Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Yves Elyse

Name of Secretary: Jonell Jimoleon

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 6-25-2012



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Elyse CORP

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place Somerville, MA

Address of taxpayer/applicant's home in Somerville: Quincy St

Taxpayer/applicant's phone: day: 617-885-7329 evening: 617-776-2451

I, (print name) Yves Elyse, 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 6-25 day of June, 2012. Yves Elyse
(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: _____

98000720 # 146007011 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Yves Elyse

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

- ☐ I am an employer with _____ employees (full and/or part time).
- ☐ I am a sole proprietor or partnership and have no employees.
- ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- ☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
- ☐ Restaurant/Bar/Eating Establishment
- ☐ Office and/or Sales (real estate, auto, etc.)
- ☐ Nonprofit
- ☐ Entertainment
- ☐ Manufacturing
- ☐ Health Care
- ☒ Other Taxi

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Yves Elyse

Date: 6-25-2012

Print Name: Yves Elyse

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
- ☐ Building Department
- ☐ City/Town Clerk
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Other _____