

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

2012 JUN 12 A 9:38

FOR CITY CLERK'S OFFICE ONLY

Date 06-12-12

Date Recorded 6/12/12

Amount Paid \$250

CITY CLERK'S OFFICE  
SOMERVILLE, MA

- New Application or Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Medallion #: 6

Applicant's Legal Name: LUC GUERINE Phone: 781-389-0485

Applicant's Address (with Zip Code): 600 Winsor Pl 02143

Applicant's Email Address:

Applicant's Federal Employer Identification Number: 043579786

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code):

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 Corporation (inc. LLC)  Other

IF A SOLE PROPRIETOR:

Owner's Name: ELIZIRA AND LUC

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: LUC GUERINE

Address with Zip Code:

Partner's/Member's/Secretary's Name: ELIZIRA GUERINE

Address with Zip Code:

Partner's/Member's/Treasurer's Name: ELIZIRA GUERINE

Address with Zip Code:

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: Luc Guérine Date:

Print Name: LUC GUERINE Phone: 781-389-0485 526-3439



City of Somerville, Massachusetts  
Finance Department, Treasury Division

# 75

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

**CERTIFICATE OF GOOD STANDING**

- Exact name of taxpayer/applicant's business: \_\_\_\_\_
- Address of taxpayer/applicant's business in Somerville: 600 WINDSOR PLACE
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, 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 24 day of MAY, 20 12.  
\_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

- |                                      |                                      |  |                                       |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>16348</u>                       | # <u>146002011</u>                   | # _____                                    | # _____                               |

**NOTES:**

CLERK'S INITIALS: URB

ORIGINAL STAMP: \_\_\_\_\_

RECEIVED  
URAW'S  
5-31-12

**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.



\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

~~XXXXXXXXXX~~

\*\* 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.