

CK 3861  
250.00

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

**APPLICATION TO RENEW TAXI MEDALLION LICENSE**

**O.D.J. TAXI INC**  
17 ROSS ST  
MEDFORD, MA 02155

License #: 416

City #1

Fee: 250.00

Account ID: 331

Reference #: 416

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>O.D.J. TAXI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>781-856-9727</b>	
License Holder: <b>O.D.J. TAXI INC</b> <b>17 ROSS ST</b> <b>MEDFORD, MA 02155</b> <b>781-856-9727</b>	
Mailing Address: <b>O.D.J. TAXI INC</b> <b>MEDFORD, MA 02155</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - MOLAIGE JULES</b> <b>SECRETARY - MOLAIGE JULES</b>	
FID: <b>800418882</b>	
Food Manager/Emergency Contact: <b>MOLAIGE JULES</b>	

2013 MAR 18 P 3:03  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

**MEDALLION #1**

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: Molaiqe Jules Date: 3/18/2013

Print Name: Molaiqe Jules Phone: 781-856-9727



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: O.D.J. TAXI INC 600 Windsor

Address of taxpayer/applicant's business in Somerville: 17 ROSS Street MEDFORD

Address of taxpayer/applicant's home in Somerville: 17 ROSS Street MED FORD

Taxpayer/applicant's phone: day: 781-836-9727 evening: 781-396-1360

I, (print name) Molaije JULES, 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 3/18 day of

2013

Molaije Jules  
(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: \_\_\_\_\_

# 16448 # 146007011 # 1347 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED  
UR  
3-18-13