

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded  
Amount Paid \$250.00  
CITY CLERK'S OFFICE  
SOMERVILLE, MA  
MAY 11 11 P 1:08

Date 5/11/11

- New Application or Renewing Application with Additions or Changes
[X] Renewing Application with NO Additions or Changes

Medallion #: 29 32 SUMMER ST CORP.

Applicant's Legal Name: LAMARTINE J. DANIER Phone: 617-776-8864

Applicant's Address (with Zip Code): 32 Summer St

Applicant's Email Address:

Applicant's Federal Employer Identification Number:

Mailing Name (where we should send correspondence to): 043427843

Mailing Address (with Zip Code): 32 Summer St

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

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

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

Partner's/Member's/President's Name: LAMARTINE DANIER

Address with Zip Code: 32 Summer St

Partner's/Member's/Secretary's Name: Jamie Postano

Address with Zip Code: Same

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

Address with Zip Code: 02143

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: [Signature] Date: May 11 2011

Print Name: LAMARTINE J. DANIER Phone: 617-776-8864

**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.



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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

013-44-3753

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\*\* 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.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: LAMARTINE J. DANIER
- 2. Address of taxpayer/applicant's business in Somerville: 32 Summer St
- 3. Address of taxpayer/applicant's home in Somerville: 32 Summer St
- 4. Taxpayer/applicant's phone: day: 617-776-8864 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*[Handwritten Signature]*  
(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: \_\_\_\_\_

# 04170121      # 23202806      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: *[Signature]*

ORIGINAL STAMP:

**RECEIVED**  
*[Handwritten initials]* 5-11-11