

TAXICAB MEDALLION RENEWAL

Application Fee \$250.00

Date 3 29 - 10

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4-30-10

Amount Paid 250.00

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 # 76

Name of Corporation W.L.E.J Phone: 617 755 4460

Street Address (for mailing) 15 William St

City, State, Zip Code Medford MA 02155

Tax Identification Number: 80 09 60955 Check one: ☒ SSN ☐ FEIN

Name of Applicant Andre Camello Phone 617 755 4460

Signed under the pains and penalties of perjury this _____ day of _____, 20 10,

Signature of Applicant Andre Camello

2010 APR 30 A 11:22
CITY CLERK'S OFFICE
SOMERVILLE, MA

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)

** 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.