

600 WINDSOR PLACE SOMERVILLE, MA 02143

## CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1797 \$1750

## APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

350

City #57

Fee:

250.00

Account ID:

304

Reference #:

350

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. 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 she	
Business/DBA Name: For <b>IKE INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>		
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	2013 ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.	
Mailing Address: IKE INC SOMERVILLE, MA 02143	GWERVII.	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	P 2: 39 S OFFICE	
FID: <b>042778092</b>		
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979		

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

Hours: NOT APPLICABLE

**MEDALLION #57** 

Description of Location and/or Other Condition	
Description at Location and/or Other Condition	

I hereby certify under the penalties of perjury the All information shown above is true and accurance -Any changes above are subject to the approved have filed all State tax returns and paid all States.	hat the following is true: rate. ral of the BOARD OF ALDERMEN. tate taxes required by law for this business.	
Signature:	Date	
Print Name:	Phone	



600 WINDSOR PLACE SOMERVILLE, MA 02143

# CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1797 \$1750

#### APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

351

.....

City #58

Fee:

250.00

Account ID:

304

Reference #:

351

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 she	
Business/DBA Name: For <b>IKE INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>		
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081		
Mailing Address: IKE INC SOMERVILLE, MA 02143	SOMERY!	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	D 2: 39 FICE	
FID: 042778092		
Food Manager/Emergency Contact:  KAREN TAMAGNA 617-435-1979		

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

Hours: NOT APPLICABLE

**MEDALLION #58** 

Description of Location	on 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 A -I have filed all State tax returns and paid all State taxes required by	
Signature:	Date
Print Name:	Phone



600 WINDSOR PLACE

SOMERVILLE, MA 02143

## CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1797

#### APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

1051

City #60

250.00

Account ID:

Fee:

304

Reference #:

1051

Review and update the information below. <u>If you have workers compensation insurance</u>, 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>IKE INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>		
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081		
Mailing Address: IKE INC SOMERVILLE, MA 02143	CILA C SOM SOM SOM SOM SOM SOM SOM SOM SOM SOM	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	EPK'S OF	
FID: 042778092	F 1 2:	
Food Manager/Emergency Contact:  KAREN TAMAGNA 617-435-1979	3.9 E	

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

Hours: NOT APPLICABLE

**MEDALLION #60** 

I hereby certify under the penalties of perjury that the -All information shown above is true and accurateAny changes above are subject to the approval of the I have filed all State tax returns and paid all State ta	e following is true: ne BOARD OF ALDERMEN. xes required by law for this business.	
Signature:	Date	
Print Name:	Phone	



600 WINDSOR PLACE SOMERVILLE, MA 02143

## CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1797 \$ 1750

#### APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

353

LIOOI IOO II

City #61

Fee:

250.00

Account ID:

304

Reference #:

353

Review and update the information below. <u>If you have workers compensation insurance</u>, 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>IKE INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	20 SO
Mailing Address: IKE INC SOMERVILLE, MA 02143	TO THE STATE OF TH
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	OFFICE
FID: 042778092	
Food Manager/Emergency Contact:  KAREN TAMAGNA 617-435-1979	

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

Hours: NOT APPLICABLE

**MEDALLION #61** 

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 All -I have filed all State tax returns and paid all State taxes required by I	LDERMEN.
Signature:	Date
Print Name:	Phone



## CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1797

#### APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

1050 City #78

IKE INC

600 WINDSOR PLACE SOMERVILLE, MA 02143 Fee:

250.00

Account ID:

304

Reference #:

1050

Review and update the information below. <u>If you have workers compensation insurance</u>, 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>IKE INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	C 2
Mailing Address: IKE INC SOMERVILLE, MA 02143	211 MAY - E
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	b P 2: 3
FID: <b>042778092</b>	ے
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	

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

Hours: NOT APPLICABLE

**MEDALLION #78** 

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF AL -I have filed all State tax returns and paid all State taxes required by la	: LDERMEN. aw for this business.
Signature:	Date
Print Name:	Phone



600 WINDSOR PLACE SOMERVILLE, MA 02143

## CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1797 \$ 1750

## APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

Fee:

354

City #81

250.00

Account ID:

304

Reference #:

354

Review and update the information below. <u>If you have workers compensation insurance</u>, 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>IKE INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-628-1081</b>	
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: IKE INC SOMERVILLE, MA 02143	70 S Y T T T T T T T T T T T T T T T T T T
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	CLERK'S C
FID: 042778092	
Food Manager/Emergency Contact: KAREN TAMAGNA 617-435-1979	2: 39 (ICE

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

Hours: NOT APPLICABLE

**MEDALLION #81** 

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by lateral taxes.	: LDERMEN. aw for this business.
Signature:	Date
Print Name:	Phone



## CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CK-1797 \$ 1750

## APPLICATION TO RENEW TAXI MEDALLION LICENSE

License #:

355

IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143

Fee:

City #84 250.00

Account ID:

304

Reference #:

355

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 IKE INC Business Location: OUT OF AREA Business Phone: 617-628-1081	
License Holder: IKE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: IKE INC SOMERVILLE, MA 02143	A OLER
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	K'S OFFIC
FID: <b>042778092</b>	2
Food Manager/Emergency Contact:  KAREN TAMAGNA 617-435-1979	

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

Hours: NOT APPLICABLE

**MEDALLION #84** 

I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by least taxes.	t: LDERMEN. aw for this business.
Signature:	Date
Print Name:	Phone



# City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING Exact name of taxpayer/applicant's business: \_\_\_ Address of taxpayer/applicant's business in Somerville: (100 Nindsul Address of taxpayer/applicant's home in Somerville: Taxpayer/applicant's phone: day: <u>0/7628/08/</u> evening: <u>6/7 435/979</u> I, (print name) bload & Chailk \_\_\_\_\_, 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 (Taxpayer's signature) CITY'S ACKNOWLEDGEMENT INCLUDES RELEVANT POSTINGS THROUGH: DATE OF ISSUANCE: \_ TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE: Other: ☐ Personal Property ☐ Water/Sewer ☐ Real Estate ORIGINAL STAMP: CLERK'S INITIALS: