



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

APPLICATION TO RENEW TAXI MEDALLION LICENSE

**LOVE CAB INC
117 DIVISION ST
BROCKTON, MA 02302**

License #: **406**
City #92
Fee: **250.00**
Account ID: **325**
Reference #: **406**

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: LOVE CAB INC Business Location: OUT OF AREA Business Phone: 617-293-6512	
License Holder: LOVE CAB INC 117 DIVISION ST BROCKTON, MA 02302 617-293-6512 <i>25 Liberty-Ave</i> → <i>Medford MA 02155</i>	
Mailing Address: LOVE CAB INC 117 DIVISION ST BROCKTON, MA 02302 <i>25 LIBERTY-AVE Medford MA</i> →	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JEAN LOVINCE SECRETARY - JEAN LOVINCE TREASURER - JEAN LOVINCE	
FID: 800426116	
Food Manager/Emergency Contact: JEAN LOVINCE 617-625-5000	

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

Hours: **NOT APPLICABLE**

MEDALLION #92

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: *Jean Lovince* Date *4/14/14*
Print Name: *JEAN LOVINCE* Phone *617/293-65-12*



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: LOVE CAB INC

Address of taxpayer/applicant's business in Somerville: 25 DORSET PLACE

Address of taxpayer/applicant's home in Somerville: 11 " "

Taxpayer/applicant's phone: day: 617/293-6518 evening: 617/293-6512

I, (print name) JEAN LOVINCE, 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 MONDAY day of 4/14, 2014. Jean Lovince
(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: _____

16602 # 146007011 # 1330 # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

