

**TAXICAB MEDALLION APPLICATION  
AND TAXICAB OPERATOR LICENSE APPLICATION**

Application Fee \$250.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

**To the Honorable, the Board of Aldermen of the City of Somerville:**

The undersigned respectfully prays that the Board of Aldermen issue the taxicab medallion listed below, and grant a license to operate the same taxicab for the conveyance of persons for hire from place to place within the City. This ownership and 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 Board of Aldermen and/or City Officials. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Medallion # \_\_\_\_\_

Current Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (Include Zip Code) \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (Include Zip Code) \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Check one:  SSN  FEIN

If a corporation, name of Majority Shareholder \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Do you hold a valid Somerville Taxi Driver's License?  Yes  No

Do you hold a Taxi Driver's License in another city?  Yes  No

If yes, in what City/State? \_\_\_\_\_

Do you own a Somerville Taxicab Medallion?  Yes  No

Have you ever owned a Somerville Taxicab Medallion?  Yes  No

Have you ever owned a Taxi Medallion elsewhere?  Yes  No

If yes, in what City/State? \_\_\_\_\_

Provide the following information if a bank is financing the purchase:

Name of Bank \_\_\_\_\_

Address (Include Zip Code) \_\_\_\_\_

Provide the following information if a corporation is financing the purchase:

Name of Corporation \_\_\_\_\_

Address (Include Zip Code) \_\_\_\_\_

Name of President \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Name of Majority Shareholder \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

**NOTE:** Include a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.

Provide the following information if an individual is financing the purchase:

Name of Individual \_\_\_\_\_

Address (Include Zip Code) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

**NOTE:** Include a REAP Attestation signed by the individual.

Describe any other financing: \_\_\_\_\_

Include with this Application the following documents:

- The attached REAP Attestation signed by the Applicant.
- The attached Certificate of Good Standing signed by the Applicant and acknowledged and stamped by the City's Treasury Department.
- A copy of an executed Purchase and Sale Agreement.
- If Applicant is a corporation, a copy of the Articles of Incorporation and the attached Certificate of Corporate Authority.
- If financing is by a corporation, a REAP Attestation signed by a Corporate Officer, and a MA Secretary of State Certificate of Good Standing for the corporation.
- if financing is by an individual, a REAP Attestation signed by the individual.

Applicant agrees to forward to the City Clerk a copy of a valid Registration for the vehicle, issued by the Registry of Motor Vehicles.

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_

**TAXI BUREAU RECOMMENDATION:**

The Somerville Taxi Bureau recommends that the application be: \_\_\_\_\_Approved \_\_\_\_\_Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

**STATEMENT OF CORPORATE AUTHORITY**

I, \_\_\_\_\_, Clerk of  
Name of Clerk or Secretary

\_\_\_\_\_ hereby certify that,  
Name of Corporation

at a meeting of the Board of Directors of said Corporation duly held on the \_\_\_\_\_ day of  
Date

\_\_\_\_\_, \_\_\_\_\_, at which a quorum was present and voting throughout, the following  
Month Year

vote was duly passed and is now in full force and effect:

VOTED: That \_\_\_\_\_ be and  
Name of Officer authorized to sign for the Corporation

hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to

sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and

other obligations of the Corporation, the execution of any such contract, bond or obligation by

such \_\_\_\_\_ to be valid  
Name of Officer authorized to sign for the Corporation

and binding upon this Corporation for all purposes. This vote remains in full force and effect,

and has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that \_\_\_\_\_  
Name of Officer authorized to sign for the Corporation

is the duly elected \_\_\_\_\_ of said Corporation.  
Title

Signed \_\_\_\_\_  
Clerk or Secretary

Place of Business \_\_\_\_\_

Date \_\_\_\_\_

**AFFIX CORPORATE SEAL HERE**

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation:

Countersigned \_\_\_\_\_

Name & Title of Countersigning Officer \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division  
Joseph A. Curtatone  
Mayor

**CERTIFICATE OF GOOD STANDING**

1. Exact name of Taxpayer: \_\_\_\_\_
2. Location, including street address, of Taxpayer's property or principal office: \_\_\_\_\_  
\_\_\_\_\_
3. Taxpayer's Account Number(s): \_\_\_\_\_

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\_\_\_\_.

\_\_\_\_\_  
(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: \_\_\_\_\_

# \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

**CLERK'S INITIALS:** \_\_\_\_\_ **ORIGINAL STAMP:** \_\_\_\_\_