

## GUIDE TO TAXI STAND LICENSES

Pursuant to Section 13-3 of the Somerville Code of Ordinances, a license must be obtained before operating a taxi stand. Licensure is valid from the date of the license through April 30 of the following year only. The fee is \$150.00 per taxi at the stand.

To complete the application:

1. Fill in and sign the Application for a Taxi Stand License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. For *new* or *expanded* taxi stands only, contact the following departments to arrange a sign-off:

Police Department Taxi Bureau  
220 Washington Street  
617 625-6600 x7245

Traffic and Parking Department  
133 Holland Street  
617 625-6600 x7900

3. For all taxi stands, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury  
93 Highland Avenue (City Hall)  
617 625-6600 x3500

Monday–Wednesday, 8:30 AM – 4:00 PM  
Thursday, 8:30 AM – 7:00 PM  
Friday, 8:30 AM – 12:00 PM

4. For all taxi stands, submit the application to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

## TAXI STAND APPLICATION

Application Fee \$150.00 per taxi

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 a license for the taxi stand listed below. 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 Board of Aldermen and/or City Departments. This license shall be revocable at any time at the pleasure of the Board of Aldermen.

Location \_\_\_\_\_

Number of taxicabs \_\_\_\_\_

Business Name of Taxi Company \_\_\_\_\_

Business DBA Name (if applicable): \_\_\_\_\_

Mailing Address with Zip Code: \_\_\_\_\_

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

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

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

Signature of Applicant \_\_\_\_\_

**FOR NEW OR EXPANDED TAXI STANDS ONLY:**

**TAXI BUREAU RECOMMENDATION:**

I certify that notice has been given to both the occupant and the owner (or his/her resident agent) of the property fronting this proposed taxi stand, and they have consented to its designation as a taxi stand.

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

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

Print name \_\_\_\_\_ Title \_\_\_\_\_

**TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:**

The Traffic and Parking Dept. recommends that the application be: \_\_\_\_\_Approved \_\_\_\_\_Denied

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

Print name \_\_\_\_\_ Title \_\_\_\_\_

**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.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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: \_\_\_\_\_

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

**NOTES:**

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

**ORIGINAL STAMP:**

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input type="checkbox"/> Entertainment                                 |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

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

Print Name: \_\_\_\_\_

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other \_\_\_\_\_