



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

CH- P837-18001
\$550

APPLICATION TO RENEW FLAMMABLES LICENSE

U-HAUL CO. OF BOSTON, INC.
151 LINWOOD ST
SOMERVILLE, MA 02143

License #: 893

City #F72

Fee: 550.00

Account ID: 592

Reference #: 893

7018

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: For U-HAUL OF BOSTON Business Location: 151 LINWOOD ST Business Phone: 617-623-5600	
License Holder: U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE, MA 02143 617-623-5600	
Mailing Address: U-HAUL CO. OF BOSTON, INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MISSING SECRETARY - MISSING	
FID: 860660629	
Food Manager/Emergency Contact: MATTHEW PEPIN	

2013 MAR 25 PM 12:55
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 12/9/1926, Amended 04/25/40, 10/09/52, 05/22/58, 09/08/77, Storage Only: 1,000 Gal. Propane Tank. 450 Gal. Tank Waste Oil. 500 Gals. Tank Waste Oil. 4-55 Gal. Drums Diesel Waste. 1-55 Gal. Tank Anti-Freeze. 1-55 Gal. Tank Waste Anti-Freeze.

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: _____ Date: _____

Print Name: _____ Phone: _____

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: U-Haul Co. of Boston
Address: 151 Linwood St.
City: Somerville State: Ma Zip: 02143 Phone #: 617-623-5600

- ☒ I am an employer with 5 employees
(full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Moving & Storage

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIG
Address: P.O. Box 25972
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 617-623-5600
Policy #: WC 268475 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: Linda C. Comeau Date: 3-20-2013
Print Name: Linda C. Comeau - Soc. Sec. Clerk

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: U-HAUL Co. of Boston

Address of taxpayer/applicant's business in Somerville: 151 Linwood St. Somerville, Ma.
02143

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-623-5600 evening: _____

I, (print name) Matthew Pepin, 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 20th day of March, 20 13.
Matthew Pepin
(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: _____

333 # 145035011 # 333 # _____

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:

