

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
**RENEWAL APPLICATION FOR GARAGE LICENSE**

JOHN MATTHEWS  
P.O. BOX 238  
MEDFORD

MA 02155

LIC #: 2011-246  
B.O.A.# 182338

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles:     

Washing Vehicles:      Spray Painting:      Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of **\$550-** not  
later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: JVM CORPORATION DBA U CALL WE HAUL TEL: 781-389-2065  
Company Address: 00009 R SHERMAN ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual:      Co:      Corp: X Trust:      Agency      Gov't      Partner       
Ship      Other       
Owner Name: JOHN MATTHEWS TEL: 617-389-2065  
Owner Address: P.O. BOX 238

Owner City: MEDFORD State: MA Zip: 02155

FID#: 042974372 EIN # 263821363

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 07:00 AM-07:00 PM  
SATURDAY: 08:00 AM-05:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-246  
FEE: **\$550.00**

This is to certify: JOHN MATTHEWS  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 02/21/2006

Garage situated at: 00009 R SHERMAN ST (MUNREG)  
Doing business as : JVM CORPORATION DBA U CALL WE HAUL  
Shall not exceed: 10 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

2012 JAN 17 A 11:08  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner ✓ Occupant      Holder     

John Matthews  
Signature of Applicant  
P.O. Box 238  
Address  
Medford MA 02155  
City State Zip

\*\* Office Use Only \*\*

Mailed       
Taken     

Received:     

      
City Clerk

**781-389-2065 John**

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.

V. CAM WE HAIL LLC  
\* Signature of Individual or Corporate Name (Mandatory)

John Matthews  
By: Corporate Officer (Mandatory, if a corporation)

Ein # 263821363  
\*\* 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**

1. Exact name of taxpayer/applicant's business: V. CALL WE HAVE LLC
2. Address of taxpayer/applicant's business in Somerville: 9 R Sherman St
3. Address of taxpayer/applicant's home in Somerville: P.O. Box 238 Medford, MA 02155
4. Taxpayer/applicant's phone: day: 781-483-3360 evening: 781-389-2065

I, John Matthews, 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 17th day of

January, 20 12.

John Matthews  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_

INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

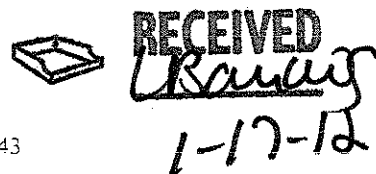
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 13413 # N/A # N/A # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. 0071991-00  
13072

WC 006-59-0665

013-82-0311-00

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

U CALL WE HAUL, LLC  
P.O. BOX 238  
MEDFORD, MA 02155-6711

CHARTIS

A Chartis company

EXECUTIVE OFFICES:

175 Water Street  
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.#

MA UI#:

PRODUCERS NAME AND ADDRESS

**WORKERS COMPENSATION AND EMPLOYERS  
LIABILITY POLICY INFORMATION PAGE**

CLUETT COMMERCIAL INSURANCE AGENCY INC  
8 PEMBROKE ST  
KINGSTON, MA 02364-1109

INSURED IS  
LIMITED LIABILITY COMPANY

PREVIOUS POLICY NUMBER

RENEWAL 001083430

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2	POLICY PERIOD 12:01 A.M. standard time at the Insured's mailing address FROM 03/03/11 TO 03/03/12																							
ITEM 3	<p>A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA</p> <p>B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A. The limits of our liability under Part Two are:            Bodily Injury by Accident \$ 1,000,000 each accident            Bodily Injury by Disease \$ 1,000,000 policy limit            Bodily Injury by Disease \$ 1,000,000 each employee</p> <p>C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:            AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN MO MS MT NC NE NH            NJ NM NV NY OK OR PA RI SC SD TN UT VA VT WI WV</p> <p>D. This policy includes these endorsements and schedules:            SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612</p>																							
ITEM 4	<p>The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans.            All information required below is subject to verification and change by audit.</p> <table border="1"> <thead> <tr> <th>Classifications</th> <th>Code Number</th> <th>Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year</th> <th>Rate Per \$100 OF Re- muneration</th> <th>Estimated Premium <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year</th> </tr> </thead> <tbody> <tr> <td colspan="5">SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754 TAXES/ASSESSMENTS/SURCHARGES</td> </tr> <tr> <td colspan="5">EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)</td> </tr> <tr> <td colspan="2">MINIMUM PREMIUM</td> <td colspan="3">TOTAL ESTIMATED ANNUAL PREMIUM</td> </tr> </tbody> </table>				Classifications	Code Number	Premium Basis Total Remuneration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	Rate Per \$100 OF Re- muneration	Estimated Premium <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year	SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754 TAXES/ASSESSMENTS/SURCHARGES					EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)					MINIMUM PREMIUM		TOTAL ESTIMATED ANNUAL PREMIUM		
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If indicated below, interim adjustments of premium shall be made:

☐ Semi-Annually

☐ Quarterly

☐ Monthly

DEPOSIT PREMIUM

02/14/11 PARSIPPANY

82

Issue Date

Issuing Office

Authorized Representative

WC 00 00 01A

39967 (Rev'd 04/08)