

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Flammables License

2015 APR -9 P 1:17

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

CITY CLERK'S OFFICE
SOMERVILLE, MA

License #:

BL15-000893

File #:

15-592

Fee:

550

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: U-HAUL CO. OF BOSTON, INC. Business Location: 151 LINWOOD ST Business Phone: 617-623-5600	
License Holder: U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE MA 02143	
Mailing Address: U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE MA 02143	
Business Type: Corporation MISSING MISSING MISSING	
FID: 860660629	
Emergency Contact: MATTHEW PEPIN Phone:	
# of Gallons of Flammables to be Stored: 2280 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: _____

Matthew Pepin

Date: _____

3-25-15

Printed Name: _____

Matthew Pepin - President

Phone: _____

617-623-5600

CITY CLERK'S OFFICE

2015 MAR 30 A 11:35



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: 617-623-5610 evening: _____

I, (print name) Matthew Pepin - President, 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 25th day of March, 2015. Matthew Pepin
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 4-22-15 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

9207 # 145038011 # 729 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:



4-22-15 JK

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: U-Haul Co. of Boston
Address: 151 Linwood St.
City: Somerville State: Ma. Zip: 02143 Phone #: 617-623-5680

- ☒ I am an employer with 5 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Moving & Storage

Workers' compensation insurance information (if applicable):

Insurance Company Name: AI G
Address: P.O. Box 25972
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 800-888-2452
Policy #: WC1268475 Expiration Date: 3/31/2017

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: Matthew Papin Date: 3-25-15
Print Name: Matthew Papin - President

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 _____