

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

U-HAUL COMPANY OF BOSTON

151 LINWOOD STREET

SOMERVILLE MA 02143 4444

Lic#: F-2011-100

B.O.A.#:

Fee: \$500.00

Restricted to: 14,000 Gallons Total

Restricted as follows;

STORAGE ONLY

- 3,000 GALS. DIESEL OIL

- 1,000 GALS. MISC. PETROLEUM PRODUCTS

-10,000 GALS. GASOLINE

ALL TANKS REMOVED PER LT. CHRIS MAJORS 10/4/2002

2011 APR -4 P 2:50
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 07/31/1963 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00600 MYSTIC VALLEY PKWY as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: U-HAUL COMPANY OF BOSTON

TEL: 617-623-5600

Company Address: 00600 MYSTIC VALLEY PKWY

City: SOMERVILLE State: MA Zip: 02144

Check One:

Individual: ___ Co: X Corp: ___ Trust: ___ Agency ___ Ship ___ Partner ___ Other ___

Owner Name: U-HAUL COMPANY OF BOSTON

TEL: 617-623-5600

Owner Address: 151 LINWOOD STREET

Owner City: SOMERVILLE

State: MA

Zip: 02143

FID#: 860660629

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 please advise this office at once.

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

Check One: Owner ___ Occupant ___ Holder ___

Signature of Applicant

Address

City

State

Zip

** Office Use Only **

Mailed

Taken

Received:

CK D837-17260 4-4-11

\$500-

City Clerk

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.

U-Haul Co. of Boston
* Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

860 660 629
** 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: 11-HAVI Co. of Boston

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

Address of taxpayer/applicant's home in Somerville: 600 Mystic Valley Parkway

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

I, (print name) Levi Parmer, 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 29th day of

March, 20 11.
(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: _____

89000178 # _____ # 08760035 # _____

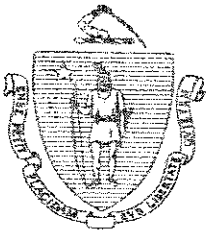
NOTES:

CLERK'S INITIALS: h

ORIGINAL STAMP:



RECEIVED
4-4-11



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: U-Haul Co. of Boston
address: 600 Mystic Valley Parkway
city: Somerville state: Ma zip: 02144 phone #: 617-623-5600

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☒ I am an employer with 5 employees (full & part time). ☐ Other

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: U-Haul Co of Boston
address: 600 Mystic Valley Parkway
city: Somerville, Ma phone #: 617-623-5610
insurance co. ATG Shawnee Mission, KS 66225 policy #: WC 1268475

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
address: _____
city: _____ phone #: _____
insurance co. _____ policy #: _____

company name: _____
address: _____
city: _____ phone #: _____
insurance co. _____ policy #: _____

Attach additional sheet if necessary

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: [Signature] Date: _____
Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____
☐ check if immediate response is required
contact person: _____ phone #: _____
☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)