



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 APR -1 A 10: 54

Application to Renew Flammables License

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

License #: BL15-000893
File #: 15-592
Fee: 605

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 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	
Mailing Address: U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE MA 02143	
Business Type: Corporation DEAN HASKE GARY HORTON JENNIFER SETTLES	
FID: 860660629	
Emergency Contact: MATTHEW PEPIN Phone: 617-623-5600	Jorge White 617-623-5600
# 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: Linda C. Comeau Date: 3-29-2016

Printed Name: Linda C. Comeau Phone: 617-623-5600
Sr. Ofc. Clerk



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: U-Haul 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) Jorge White, 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 16. [Signature]
(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: _____

9278 # 145035011 # 7416 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

[Signature]
4-20-16

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). 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: AFG
Address: P.O. Box 25972
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 800-888-2452
Policy #: WC 1268475 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 year's 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: _____
Print Name: Linda C. Comeau SR office 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 _____