



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

**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

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

2014 MAR - 7 A 11: 58  
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: *Matthew Pepin* Date: 3-5-2014  
Print Name: MCP Matthew Pepin Phone: 617-623-5600



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 5<sup>th</sup> day of March, 2014. 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: \_\_\_\_\_  
# 9129      # 14507400      # 748      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: (20)

ORIGINAL STAMP: 

RECEIVED  
3/17/14

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: AIG  
Address: P.O. Box 25972  
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 617-623-5600  
Policy #: WC 1268425 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: Matthew Pepin Date: 3-5-2014  
Print Name: MCP Matthew Pepin

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 \_\_\_\_\_