

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK

\$500
4-14-10

RENEWAL APPLICATION FOR GARAGE LICENSE

U-HAUL OF BOSTON
151 LINWOOD STREET
SOMERVILLE MA 02143

LIC #: 2010-049
BOA # 185872

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X
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 \$500.00 not later than April 30, 2010. 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: U-HAUL CO. OF BOSTON, INC. TEL: 617-623-5600
Company Address: 00151 LINWOOD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency: Gov't Ship: Partner Other:
Owner Name: U-HAUL OF BOSTON TEL: 617-623-5600
Owner Address: 151 LINWOOD STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 860660629

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 04/30/2010, please advise.

***** HOURS OF OPERATIONS *****
MONDAY-FRIDAY: 07:00 AM-05:00 PM
SATURDAY: 06:30 AM-07:00 PM
SUNDAY: 08:30 AM-05:00 PM

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE #: 2010-049
FEE: \$500.00

This is to certify: U-HAUL OF BOSTON has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 12/09/1926

Garage situated at: 00151 LINWOOD ST


Doing business as : U-HAUL CO. OF BOSTON, INC.

Shall not exceed: 10 Vehicles Inside & 80 Vehicles Outside, not on public ways in addition the following restrictions apply:

AMENDED 09/22/52 ALLOWED TO REPAIR THEIR OWN EQUIPMENT.
AMENDED 06/12/08, BOA #185872, ADD 30 VEHICLES OUTSIDE. 151 LINWOOD ST.
PLUS 35 JOY ST. LOT. SEE CHANGE BELOW FOR HOURS OF OPERATION:
MONDAY-THURSDAY 06:30AM-7:00PM
FRIDAY 06:30AM-8:00PM

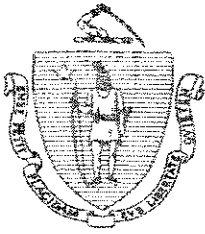
This renewal certificate must be signed by the holder of the license.

Check One Owner Occupant Holder


Signature of Applicant
151 Linwood St.
Address
Somerville Ma. 02143
City State Zip

Received: _____
City Clerk

*** Office Use Only ***
Mailed _____
Taken _____



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: 157 Linwood St.
 city: Somerville state: Ma zip: 02143 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 Moving + storage
 I am an employer providing workers' compensation for my employees working on this job.

company name: AIG U-Haul of Boston
 address: P.O. Box 25972
 city: Shawnee Mission Ks. 66225 phone #:
 insurance co. AIG 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 Linda C. Comeau Sr. ofa Clerk Date _____
 Print name Linda C. Comeau Phone # 617-623-5600

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

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)

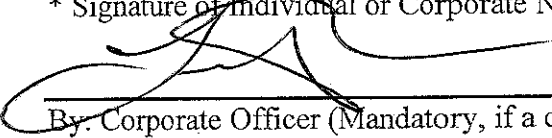
MASSACHUSETTS DEPARTMENT OF REVENUE

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 of Boston

* Signature of Individual or Corporate Name (Mandatory)


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.



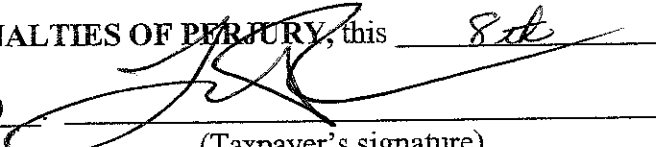
City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Exact name of taxpayer/applicant's business: 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, Levi Permyer, 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 8th day of April, 2010

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>21683007</u> | # <u>145085011</u> | # <u>no acct</u> | # _____ |

NOTES:

CLERK'S INITIALS: d

ORIGINAL STAMP:

received
4-14-10