



**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 #: 518
City #F100
Fee: 550.00
Account ID: 414
Reference #: 518

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 COMPANY OF BOSTON Business Location: 600 MYSTIC VALLEY PKWY Business Phone: 617-623-5600 | |
| License Holder: U-HAUL COMPANY OF BOSTON 600 MYSTIC VALLEY PKWY SOMERVILLE, MA 02144 617-623-5600 | |
| Mailing Address: U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - MISSING SECRETARY - MISSING TREASURER - MISSING | |
| FID: 860660629 | |
| Food Manager/Emergency Contact: MATTHEW PEPIN | |

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 12/30/1941, Storage Only: 3,000 Gals. Diesel Oil. 1,000 Gals. Misc. Petroleum Products. 10,000 Gals. Gasoline.

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: x *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: UNAU CO OF BOSTON

Address of taxpayer/applicant's business in Somerville: 500 MYSTIC VALLEY PKWY

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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 _____ day of _____, 20____. _____
(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: _____

N/A # N/A # 921 # _____

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP:



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: 600 Mystic Valley Parkway
City: Somerville State: Ma. Zip: 02144 Phone #: 617-623-5600

- I am an employer with 10 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Moving & Storage

Workers' compensation insurance information (if applicable):

Insurance Company Name: ATG
Address: P.O. Box 25972
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 617-623-5600
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 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: x Matt 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 _____