

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-2012-100

B.O.A.#:

Fee: \$550.00

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

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 Other
Gov't Partner

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, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

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

Check One: Owner Occupant Holder

Matthew Repa
Signature of Applicant

151 Linwood St.
Address

Somerville, Ma. 02143
City State Zip

** Office Use Only **

Mailed

Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: U-Haul Co. of Boston
Somerville Address and Zip Code: 600 Mystic Valley Pkwy
Phone Number of the Business: 617-623-5600 Somerville, MA 02144

The Legal Name of the License Holder: _____
Street Address of the License Holder: _____
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: _____
Email Address of the License Holder: _____

Where We Should Send Mail: Name: U-Haul Co. of Boston
Street Address: 151 Linwood St.
City, State and Zip Code: Somerville, Ma. 02143
Email: _____
Phone Number: 617-623-5600

Federal ID # (Do Not Give a Social Security #): 860 660 629

Emergency Contact and Phone (For Fire Dept. Use): _____

Type of Business (Check Only One and Give the Names Indicated):
☐ Sole Proprietor: Name of Owner: _____
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
☐ Trust: Names of All Trustees Who Own More Than 10%: _____
☐ Corporation (inc. LLC): Name of President: _____
Name of Secretary: _____
Name of Treasurer: _____
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: M. Perni Date 4-4-12

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)

Matthew Papi
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 Co. of Boston
Address of taxpayer/applicant's business in Somerville: 600 Mystic Valley Pkwy
Somerville, Ma 02144
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 4th day of April, 20 12. Matthew Pepin
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

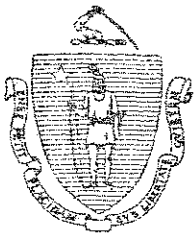
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>89000178</u>	# _____	# <u>961</u>	# _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP: 

RECEIVED



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 Pkwy
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 10 employees (full & part time). ☒ Other Moving & Storage
☒ 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 Pkwy
city: Somerville, MA 02144 phone #: 617-623-5600
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 Date: 4-4-12
Print name: Linda C. Comeau - Sr. Ofc. Clerk 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 #: _____
☐ check if immediate response is required
contact person: _____ phone #: _____

☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)