



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

APPLICATION TO RENEW GARAGE LICENSE

JOHN MATTHEWS
P.O. BOX 238
MEDFORD, MA 02155

License #: 750
City #G246
Fee: 550.00
Account ID: 633
Reference #: 750

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 CALL WE HAUL Business Location: 9R SHERMAN ST Business Phone: 781-483-3360	
License Holder: U CALL WE HAUL LLC 9 R SHERMAN ST SOMERVILLE, MA 02143 781-483-3360	
Mailing Address: JOHN MATTHEWS P.O. BOX 238 MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN MATTHEWS SECRETARY - JOHN MATTHEWS TREASURER - JOHN MATTHEWS	
FID: 042974372	
Food Manager/Emergency Contact: JOHN MATTHEWS 617-389-2065	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 7AM-7PM, SA 8AM-5PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 10 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/21/2006. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: _____

Date: _____

Print Name: _____

Phone: _____

6/11/14

781-389-2065

John Matthews



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: John Matthews

Address of taxpayer/applicant's business in Somerville: 9 R Sherman St

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

Taxpayer/applicant's phone: day: 781-483-3360 evening: 781-309-2065

I, (print name) John Matthews, 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
June 10th, 2014. John Matthews
(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: _____

13638 # N/A # _____ # _____

NOTES:

CLERK'S INITIALS: Q

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: V-CALL we HAVE LLC
Address: P.O. Box 238
City: Medford State: MA Zip: 02155 Phone #: 781-483-3360

- ☒ I am an employer with 7 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: 175 Berkeley St
City: Boston State: MA Zip: 02116 Phone #: _____
Policy #: WC-315-385260-014 Expiration Date: 3-3-2015

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: [Signature] Date: 6/11/14

Print Name: John Matthews

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 _____