

JOHN MATTHEWS

MEDFORD, MA 02155

P.O. BOX 238

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

License #:

750

City #G246 550.00

Account ID:

Fee:

633

Reference #:

750

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 HAL Business Location: 9R SHERMAN S' 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	ing is true:
-All information shown above is true and accurateAny changes above are subject to the approval of the BOA	
-Any changes above are subject to the approval of the boλ -I have filed all \$tate tax τeturns and paid all State taxes req	uired by law for this business.
//~ Va . Was PURV .	Date 6/11/14
Signature:	Phone 181-389-2065
Print Name: John MATThew }	Phone 181 309 2009



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Errort name of taynayer/an	nlicant's business:	July MAtthew	5			
Exact name of taxpayer/ap	pireant's business.	a R sha	54001			
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: 781.369-2065						
I, (print name) John MA How, 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						
CITY'S ACKNOWLEDGEMENT						
DATE OF ISSUANCE:	INCLU	UDES RELEVANT POSTINGS THROUG	H:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
Real Estate	□Water/Sewer	*	Other:			
# 13638	#_ N/A	#	#			
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

A Street in formation:				
Name: 1)-CAII WE HAVE LLC				
Address: (10 (15 % 20)	(55 Phone #: 781-483-3360			
City: Medford State: MA Zip: 02	(5 \$ Phone #: 78) (6 5 5)			
(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. ☐ Office a Nonprofit organization that has exercised our right of Manufather than the staffed by volunteers and have no employees.	ant/Bar/Eating Establishment and/or Sales (real estate, auto, etc.) fit inment acturing Care			
Workers' compensation insurance information (if applicable):				
Insurance Company Name: Liberty Mutikal Address: 175 Berleden St				
175 Berledon St	The Williams of White			
\mathcal{O}	// 6 Phone #:			
City: Bostm State: 17.11 Zip. 5 Policy #: W C-315-385260-014	Euripotion Date: 3-3-2015			
Policy #: W C-315-385260-019	Expiration Bate.			
Applicant certification:	1.1 6 6			
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form \$100.00 a day against me. I understand that a copy of this statement may be forwarde for coverage verification.	ed to the Office of Investigations of the DIA			
I do hereby certify under the pains and penalties of perjury that the information pro	vided above is true and correct.			
Signature:	Date:			
Print Name: John MAKhows				
	CC. 1-1			
Official use only. Do not write in this area. To be completed by city or town official.				
City or Town: Permit/License #:	Board of Health Building Department			
	City/Town Clerk Licensing Board			
	Selectmen's Office Other			
Contact Person: Phone #:				