

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

JOHN MATTHEWS
P.O. BOX 238
MEDFORD

MA 02155

LIC #: 2012-246
B.O.A.# 182338

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:

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 \$550.00 not
later than April 30, 2012. 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: JVM CORPORATION DBA U CALL WE HAUL TEL: 781-389-2065
Company Address: 00009 R SHERMAN ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: X Trust: Agency: Ship: Other:
Gov't Partner
Owner Name: JOHN MATTHEWS TEL: 617-389-2065
Owner Address: P.O. BOX 238

Owner City: MEDFORD State: MA Zip: 02155

FID#: 263821363

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:00 AM-07:00 PM
SATURDAY: 08:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-246
FEE: \$550.00

This is to certify: JOHN MATTHEWS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/21/2006

Garage situated at: 00009 R SHERMAN ST (MUNREG)
Doing business as : JVM CORPORATION DBA U CALL WE HAUL
Shall not exceed: 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:

2012 APR 30 P 3:30
CITY CLERK'S OFFICE
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.
Check One: Owner X Occupant Holder

John Matthews
Signature of Applicant

194 Forest St
Address

Medford MA 02155
City State Zip

** Office Use Only **

Mailed
Taken

Received: 4/30/12 - ms

\$ 550.00 ek# 2693
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 licensé. 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: WCAU WE HAUL LLC
Somerville Address and Zip Code: 9 R SHERMAN ST 02143
Phone Number of the Business: 781-483-3360

The Legal Name of the License Holder: JOHN MATTHEWS
Street Address of the License Holder: 3 JEROME ST
City, State and Zip Code of the License Holder: MEDFORD, MA 02155
Phone Number of the License Holder: 781-389-2065
Email Address of the License Holder: jvmcd@aol.com

Where We Should Send Mail: Name: JOHN MATTHEWS
Street Address: P.O. Box 238
City, State and Zip Code: MEDFORD, MA 02155-0023
Email: jvmcd@aol.com
Phone Number: 781-389-2065

Federal ID # (Do Not Give a Social Security #): 263821363

Emergency Contact and Phone (For Fire Dept. Use): JOHN MATTHEWS JR 781-316-6329

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: JOHN MATTHEWS
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: [Signature] Date: 4/23/12

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.

John M. [Signature] / K CALL WE PAUL LLC

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

FID# 263821363

** 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: JOHN MATTHEWS

Address of taxpayer/applicant's business in Somerville: 9 R. SHERMAN ST.

Address of taxpayer/applicant's home in Somerville: 3 JEROME ST. MEDFORD, MA.

Taxpayer/applicant's phone: day: 781-389-2065 evening: _____

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 23 day of APRIL, 2012.
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: _____
13413 # No w/s acct. # _____ # _____

NOTES:
CLERK'S INITIALS: Q

ORIGINAL STAMP:
RECEIVED
4-30-12



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: JOHN MATTHEWS
 address: 3 JEROME ST
 city: MEDFORD state: MA zip: 02155 phone #: 781-389-2065

work site location (full address):

I am a sole proprietor and have no one working in any capacity
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with 9 employees (full & part time). Other DEMOLITION, DEBRIS, DUMPSTERS
 I am an employer providing workers' compensation for my employees working on this job.

company name: WE CALL WE HAUL - LLC
 address: P.O. BOX 238
 city: MEDFORD, MA 02155-0003 phone #: 781-389-2065
 insurance co. LIBERTY MUTUAL policy #: WC 2-315-385260-012

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 year's 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: John Matthews Date: 4/23/12
 Print name: John Matthews Phone #: 781-389-2065

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)