

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

\$500.
4-14-10

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

2010 APR 14 P 4:34

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-2010-100
B.O.A.#:
Fee: \$500.00

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: Gov't Partner
Individual: Co: X Corp: Trust: Agency Ship Other

Owner Name: U-HAUL COMPANY OF BOSTON TEL: 617-623-5600
Owner Address: 151 LINWOOD STREET

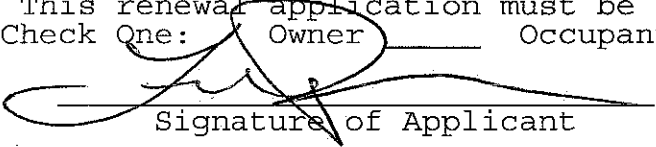
Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 860660629

This Application must be signed and filed with the required fee no later than April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2010 please advise this office at once.

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

Check One: Owner Occupant Holder


Signature of Applicant

151 Linwood St.
Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed

Taken

Received:

City Clerk

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: A I G
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: Linda C. Comeau Sr. Dep. Clerk Date: _____
Print Name: Linda C. Comeau

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 _____

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 of Boston
* Signature of Individual or Corporate Name (Mandatory)

[Signature]
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.



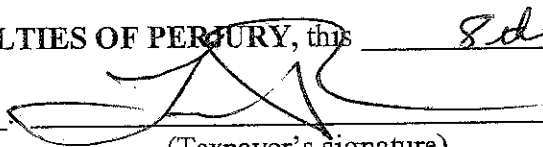
City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: U-Haul of Boston
2. Address of taxpayer/applicant's business in Somerville: 151 Linwood St. Somerville, Ma- 02143
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-623-5600 evening: _____

I, Levi Farmer, 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 8th day of April, 2010.

(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: _____

21683007 # 145035011 # NO ACCT# # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

