

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

UPNORTH LTD. INC.
219 LEXINGTON ST.
WALTHAM

LIC #: 2012-078
B.O.A.#

MA 03103

*** 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: UPNORTH LTD. INC. D/B/A U-SAVE AUTO RENTAL TEL: 781-899-0667
Company Address: 00070 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One:

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

Owner Name: UPNORTH LTD. INC. TEL: 781-899-0667

Owner Address: 219 LEXINGTON ST.

Owner City: WALTHAM State: MA Zip: 03103

FID#: 020432055

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: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-078

FEE: \$550.00

This is to certify: UPNORTH LTD. INC.

has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/27/1984

Garage situated at: 00070 PROSPECT ST

Doing business as : UPNORTH LTD. INC. D/B/A U-SAVE AUTO RENTAL

Shall not exceed: 6 Vehicles Inside

in addition the following restrictions apply:

NO SPRAY PAINTING

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

Check One: Owner Occupant ✓ Holder

[Signature]
Signature of Applicant

70 PROSPECT ST
Address

Somerville Ma 02043
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-SAVE AUTO RENTAL
Somerville Address and Zip Code: 70 PROSPECT ST. SOMERVILLE, MA 02143
Phone Number of the Business: 617-625-6704

The Legal Name of the License Holder: UPNORTH LIMITED, INC
Street Address of the License Holder: 219 LEXINGTON ST.
City, State and Zip Code of the License Holder: WALTHAM, MA
Phone Number of the License Holder: 781-899-0667
Email Address of the License Holder: ADVENTURE13@AVRNE.COM

Where We Should Send Mail: Name: ADVENTURE/USAVE Rental
Street Address: 219 LEXINGTON ST.
City, State and Zip Code: WALTHAM, MA 02452
Email: ADVENTURE13@AVRNE.COM
Phone Number: 781-899-0667

Federal ID # (Do Not Give a Social Security #): 020432055

Emergency Contact and Phone (For Fire Dept. Use): Patrick WALSH 617-957-9800

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: Daniel J. COGAN
Name of Secretary: Daniel J. COGAN
Name of Treasurer: Patrick WALSH
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 6/7/12

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.

UPNORTH Limited, Inc

* Signature of Individual or Corporate Name (Mandatory)

D. J. G. President

By: Corporate Officer (Mandatory, if a corporation)

020432055

** 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: UPNORTH Limited, Inc

Address of taxpayer/applicant's business in Somerville: 70 Prospect St.

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

Taxpayer/applicant's phone: day: 781-899-0667 evening: 781-837-3401

I, (print name) Dorel COGAN, 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 Sixth day of

June, 20 12. D. Cogan
(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: _____

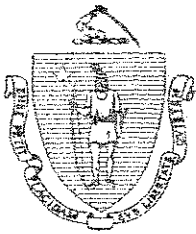
19603110 # 125088001 # 967 # _____
12621

NOTES:

CLERK'S INITIALS: A **ORIGINAL STAMP:** _____



RECEIVED
46-28-10



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: UPNORTH Limited, Inc

address: 219 Lexington ST.

city: Waltham

state: MA

zip: 02452 phone # 781-899-0667

work site location (full address): 70 Prospect ST. Somerville, Ma 02143

☐ 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 14 employees (full & part time). ☐ Other

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: UPNORTH LIMITED, INC

address: 219 Lexington ST.

city: WALTHAM, MA 02452

phone #: 781-899-0667

insurance co. CHARTIS

policy # WC 651 518 4

☐ 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 D.J. Cogan President

Date 6/7/12

Print name Daniel J. COGAN

Phone # 781-899-0667

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)