

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: 25*

**RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE**

*CITY CLERK'S OFFICE*

In accordance with the provisions of Chapter 148, Section 13, of the  
General Laws, the undersigned hereby certifies that:  
U-HAUL OF BOSTON  
151 LINWOOD STREET  
SOMERVILLE MA 02143 4444  
Lic#: F-2010-072  
B.O.A.#:  
Fee: \$500.00

Restricted to: 2,280 Gallons Total  
Restricted as follows;  
AMENDED 04/25/40, 10/09/52, 05/22/58, 09/08/77 - STORAGE ONLY  
14,000 GALS. GASOLINE ALL UNDERGROUND TANKS REMOVED.  
5,000 GALS. DIESEL FUEL \*1,000 GAL. PROPANE TANK  
1,000 GALS. FUEL OIL \* 450 GAL. TANK WASTE OIL  
5,000 GALS. #5 HEATING OIL \*4-55 GAL. DRUMS DIESEL WASTE  
500 GALS. TANK WASTE OIL \* \*1-55 GAL. TANK ANTI-FREEZE  
\*1-55 GAL. TANK WASTE ANTI-FREEZE

\*ABOVEGROUND TANKS AND DRUMS CURRENT 05/09/2002  
Is the holder of the license originally granted 12/09/1926  
for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00151 LINWOOD ST  
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 CO. OF BOSTON, INC. TEL: 617-623-5600  
Company Address: 00151 LINWOOD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Gov't Partner  
Other

Owner Name: U-HAUL 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: 151 Linwood St.  
 City: Somerville State: Ma Zip: 02143 Phone #: 617-623-5600

- I am an employer with 5 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: AIG  
 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. Sp. 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 Co. of Boston

\* Signature of Individual or Corporate Name (Mandatory)

  
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.



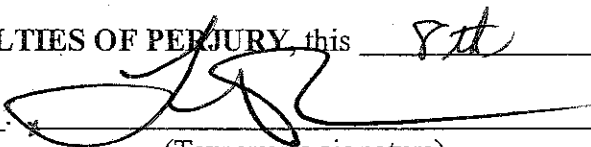
City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

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

I, Levi Parmerter, 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      # 14503501 / # NO ACC      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: 

ORIGINAL STAMP:

**received**  
4-14-10