



**CITY OF SOMERVILLE**  
 Commonwealth of Massachusetts  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

2015 APR -9 P 1. 16

**Application to Renew Flammables License**

**U-HAUL CO. OF BOSTON, INC.**  
**151 LINWOOD ST**  
**SOMERVILLE MA 02143**

**CITY CLERK'S OFFICE**  
**SOMERVILLE, MA**  
**License #: BL15-000518**  
**File #: 15-414**  
**Fee: 550**

Review and update the information below. If you have workers compensation insurance, 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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> U-HAUL CO. OF BOSTON, INC. <b>Business Location:</b> 600 MYSTIC VALLEY PKWY <b>Business Phone:</b> 617-623-5600	
<b>License Holder:</b> U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation MISSING MISSING MISSING	
<b>FID:</b> 860660629	
<b>Emergency Contact:</b> MATTHEW PEPIN <b>Phone:</b>	
<b># of Gallons of Flammables to be Stored:</b> 14000 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> Not yet provided.	

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 BOARD OF ALDERMEN.  
 -I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Matthew Pepin Date: 3-25-2015

Printed Name: Matthew Pepin - President Phone: 617-623-5600

2015 APR 30 11:35



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: U-Haul Co. of Boston

Address of taxpayer/applicant's business in Somerville: 600 Mystic Valley Pkwy  
Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-5600 evening: \_\_\_\_\_

I, (print name) Matthew Pepin - President, 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 25<sup>th</sup> day of March, 2015. Matthew Pepin  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 4-22-15 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

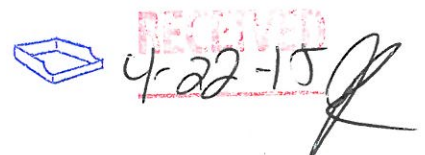
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 10924      # 34601000      # 904      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JK

ORIGINAL STAMP:



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: AIG  
Address: P.O. Box 25992  
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 800-888-2452  
Policy #: WC 1268475 Expiration Date: 3/31/2017

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: Matthew Pepin Date: 3-25-2015

Print Name: Matthew Pepin - President

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 \_\_\_\_\_