

#### 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 License #: RYILLBLIS 2000518

File #:

15-414

Fee:

550

Review and update the information below. <u>If you have workers compensation insurance</u>, 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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: U-HAUL CO. OF BOSTON, INC. Business Location: 600 MYSTIC VALLEY PKWY Business Phone: 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	
Business Type: Corporation MISSING MISSING MISSING	
FID: 860660629	
Emergency Contact: MATTHEW PEPIN Phone:	
# of Gallons of Flammables to be Stored: 14000 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: 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.

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

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## 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 Sc	omerville: 600 Mystic Valley frwy 50 merville, MA 02144
Address of taxpayer/applicant's home in Some	erville:
I, (print name) Mathew Popin - property hereby certify that all the information contains due the City have been paid or that the Taxpa and fees and is current on said agreement.	evening:
SIGNED UNDER THE PAINS AND PENA	ALTIES OF PERJURY, this 25th day of
<u>larch</u> , 20_15	(Taxpayer's signature)
	CLUDES RELEVANT POSTINGS THROUGH:
TAXES AND ACCOUNT NUMBER(S) IN	CLUDED IN CERTIFICATE:
☐ Real Estate ☐ Water/Sewer	☐ Personal Property ☐ Other:
#10924 #346010	<del>201 # 909 #</del>
NOTES:	
CLERK'S INITIALS:	ORIGINAL STAMP: 4-22-15

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

Workers' Compensation Insurance Affidavit - General Businesses

Address: 600 Mystic Valley Parkway  City: 50 Me Pulle State: 12 Zip: 02/14 Phone #: 6/7-62.3-56 M  I am an employer with 12 employees Business Type: Restail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.)  I am a sole proprietor or partnership and have no employees. We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. We are a nonprofit organization staffed by volunteers and have no employees.  We are a nonprofit organization staffed by volunteers and have no employees.  Workers' compensation insurance information (if applicable):  Insurance Company Name: A G  Address: P.O. Box 35973  City: Shawner Mission State: Ks. Zip: bb335 Phone #: 800-888-343  Policy #: WC / 26 8475  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.				
Address: 600 Mystic Valley Parkway  City: 50Merville State: 1/2 Zip: 02/44 Phone #: 6/7-623-5600    I am an employer with 10 employees Business Type: Retail Restaurant/Bar/Eating Establishment (full and/or part time).   Goffice and/or Sales (real estate, auto, etc.)	Applicant information:	C = I		
City: Some puille State: La Zip: 02/44 Phone #: 6/7-623-5600    I am an employer with 10 employees   Retail   Restaurant/Bar/Eating Establishment (full and/or part time).   I am a sole proprietor or partnership and have no employees.   Retail   Restaurant/Bar/Eating Establishment   Office and/or Sales (real estate, auto, etc.)   Nonprofit   Entertainment   Manufacturing   Health Care   We are a nonprofit organization staffed by volunteers and have no employees.   Other   Other   Other      Workers' compensation insurance information (if applicable):   Insurance Company Name:   Address:   Po   Boy 35973   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.	Name: U-Hav/ Co	ot Boston		
I am an employer with	Address: 600 MV3+	ic Valley Pa	rkway	
Tam an employer with   Ab   Compression	city: Somerville	State: Ma	Zip: 02/44 Phone #:	617-623-5600
Address: P.O. Box 35973  City: Shawnee Mission State: Ks. Zip: 66325 Phone #: 800-888-345  Policy #: WC /268475  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.	<ul> <li>(full and/or part time).</li> <li>I am a sole proprietor or partner employees.</li> <li>We are a corporation that has exemption per c152 s1(4), and</li> <li>We are a nonprofit organization volunteers and have no employed.</li> </ul>	exercised our right of have no employees. n staffed by yees.	Restaurant/Bar/Eating E Office and/or Sales (real Nonprofit Entertainment Manufacturing Health Care Other	stablishment estate, auto, etc.)
Address: P.O. Box 35973  City: Shawner Mission State: Ks. Zip: 66325 Phone #: 800-888-343  Policy #: WC/268475  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.	Workers' compensation insuran	ce information (if applica	ible):	
City: Shawnee Mission State: K5. Zip: 66323 Phone #: 800-888-243  Policy #: WC /268475 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.	Insurance Company Name:	126		
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.	Address: P.O. Box 35	972		
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.	City: Shawner Miss	SiOH State: Ks.	Zip: 66225 Phone #:	800-888-245
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.	110 1211			
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to the provided above is true and correct.	Failure to secure coverage as recepenalties of a fine up to \$1,500.00 WORK ORDER and a fine of 5 forwarded to the Office of Investig	\$100.00 a day against megations of the DIA for cove	e. I understand that a copy crage verification.	of this statement may be
I do hereby certify under the pains and penalties of penalties of penalties and penalties of penalties and penalties of penalties and penalties are penalties are penalties and penalties are penalties are penalties and penalties are penaltie	I do hereby certify under the pains	and penalties of perjury th	nat the information provided a	bove is true and correct.
Signature: March Paper Date: 3-25-2015	$\gamma_{\lambda}$	Vegen	Date: 6	7-25-2015
Print Name: Matthew Pepin - President	Print Name: Hatthew	Pepin - Pre	sident	
Official use only. Do not write in this area. To be completed by city or town official.	ACTIVITY OF THE SECTION OF THE SECTI	Description this graps	To be completed by city or to	on official.
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City or Town: Building Department City/Town Clerk Licensing Board Selectmen's Office				Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #: Other	Contact Person:	Phone #:	A STATE OF THE STA	Other

(revised Jan. 2008)