

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

U-HAUL OF BOSTON
151 LINWOOD STREET
SOMERVILLE MA 02143

LIC #: 2011-049
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X
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 \$500.00 not later than April 30, 2011. 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: U-HAUL CO. OF BOSTON, INC. TEL: 617-623-5600
Company Address: 00151 LINWOOD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Gov't Partner
Individual: Co: Corp: X Trust: Agency Ship 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 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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:00 AM-05:00 PM
SATURDAY: 06:30 AM-07:00 PM
SUNDAY: 08:30 AM-05:00 PM

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE #: 2011-049
FEE: \$500.00

This is to certify: U-HAUL OF BOSTON
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1926
Garage situated at: 00151 LINWOOD ST
Doing business as : U-HAUL CO. OF BOSTON, INC.
Shall not exceed: 10 Vehicles Inside & 80 Vehicles Outside, not on public ways
in addition the following restrictions apply:
AMENDED 09/22/52 ALLOWED TO REPAIR THEIR OWN EQUIPMENT.
AMENDED 06/12/08, BOA #185872, ADD 30 VEHICLES OUTSIDE. 151 LINWOOD ST.
PLUS 35 JOY ST. LOT. SEE CHANGE BELOW FOR HOURS OF OPERATION
MONDAY-THURSDAY 06:30AM-7:00PM
FRIDAY 06:30AM-8:00PM

This renewal certificate must be signed by the holder of the license
Check One: Owner Occupant Holder

Luigi J. Pomeroy Jr. City Clerk
Signature of Applicant

151 Linwood St.
Address

Somerville Ma 02143
City State Zip

** Office Use Only **

Mailed
Taken

Received: CK D837-17258 4-4-11
\$500.00
City Clerk

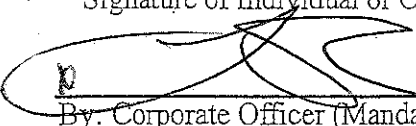
2011 APR -4 P 2:50
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

1. Exact name of taxpayer/applicant's business: U-Haul Co. 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: 617-623-5680 evening: _____

I, Levi Parmenter, 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 29th day of

March, 2011 (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 # _____ # _____

NOTES:

CLERK'S INITIALS: 4

ORIGINAL STAMP:

RECEIVED
4-4-11



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: U-Haul of Boston
address: 151 Linwood St.
city: Somerville state: MA zip: 02143 phone #: 617-623-5600

work site location (full address):

☐ 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 5 employees (full & part time). ☐ Other Moving & Storage

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

company name: U-Haul Co of Boston
address: 151 Linwood St
city: Somerville MA 02143 phone #: 617-623-5600
insurance co.: ATG PO BOX 28912 SHAWNEE MISSION KS 66225 policy #: WC 1268475

☐ 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 [Signature] Date _____

Print name _____ Phone # _____

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)