

## 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 #: 2012-049  
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 \$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: 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      Other       
Gov't Partner

Owner Name: U-HAUL OF BOSTONTEL: 617-623-5600Owner 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 04/30/2012, 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 #: 2012-049

FEE: \$550.00

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 STDoing 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

Mark Pepin  
Signature of Applicant

151 Linwood St  
Address

Somerville Ma. 02143  
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-Haul Co. of Boston  
Somerville Address and Zip Code: 151 Linwood St. Somerville, MA. 02143  
Phone Number of the Business: 617-623-5600

The Legal Name of the License Holder: \_\_\_\_\_  
Street Address of the License Holder: \_\_\_\_\_  
City, State and Zip Code of the License Holder: \_\_\_\_\_  
Phone Number of the License Holder: \_\_\_\_\_  
Email Address of the License Holder: \_\_\_\_\_

Where We Should Send Mail: Name: U-Haul Co. of Boston  
Street Address: 151 Linwood St.  
City, State and Zip Code: Somerville, MA. 02143  
Email: \_\_\_\_\_  
Phone Number: 617-623-5600

Federal ID # (Do Not Give a Social Security #): 860 660 629

Emergency Contact and Phone (For Fire Dept. Use): \_\_\_\_\_

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: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

\_\_\_\_ 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 4-4-12

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.

Cl-Haul Co. of Boston  
\* Signature of Individual or Corporate Name (Mandatory)

Michael Pepin  
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, (print name) MATTHEW PERIN, 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 4th day of April, 20 12. Matthew Perin  
(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 # 765 # \_\_\_\_\_  
8978

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:





The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: U-Haul Co. 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: A I G U-Haul Co. of Boston  
address: P.O. Box 25972 151 Linwood St. Somerville, MA.  
city: Shawnee Mission, Ks. 66225 phone #: 617-623-5600 02143  
insurance co. A I G 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: Linda C. Comeau Date: 4-4-12  
Print name: Linda C. Comeau - Sr. Ofc. Clerk phone #: 617-623-5600

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)