



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR - 1 A 10: 54

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Flammables License

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

License #: BL15-000518
File #: 15-414
Fee: 605

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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: U-HAUL COMPANY OF BOSTON Business Location: 600 MYSTIC VALLEY PKWY Business Phone: 617-623-5600	
License Holder: U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE MA 02143	
Mailing Address: U-HAUL CO. OF BOSTON, INC. 151 LINWOOD ST SOMERVILLE MA 02143	
Business Type: Corporation DEAN HASKE GARY HORTON JENNIFER SETTLES	
FID: 860660629	
Emergency Contact: MATTHEW PEPIN Phone: 617-623-5600	<i>Sorge White</i> <i>617-623-5600</i>
# 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.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Linda C. Conner
Linda C. Conner

3-29-2016

617-623-5600



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: ~~151 Linwood St. Somerville, MA~~

Address of taxpayer/applicant's home in Somerville: 600 MYSTIC VALLEY PKWY 02148

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

I, (print name) Jorge White, 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 _____ day of

_____, 20____.

(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: _____

9278 # 14-5035811 # 746 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
(Bamaw)
4-20-16

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

Workers' Compensation Insurance Affidavit - General Business

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).
☐ 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.

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Moving & Storage

Workers' compensation insurance information (if applicable):

Insurance Company Name: A I G
Address: P.O. Box 25972
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 800-888-2452
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 Date: _____
Print Name: Linda C. Comeau Sr. Office Clerk

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 _____