

CH- D837-18000  
\$ 550



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW GARAGE LICENSE**

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

License #: 709  
City #G49  
Fee: 550.00  
Account ID: 592  
Reference #: 709

# 6983

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: For <b>U-HAUL OF BOSTON</b> Business Location: <b>151 LINWOOD ST</b> Business Phone: <b>617-623-5600</b>	
License Holder: <b>U-HAUL CO. OF BOSTON, INC.</b> <b>151 LINWOOD ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-5600</b>	2013 MAR 25 P 12:55 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: <b>U-HAUL CO. OF BOSTON, INC.</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - MISSING</b> <b>SECRETARY - MISSING</b>	
FID: <b>860660629</b>	
Food Manager/Emergency Contact: <b>MATTHEW PEPIN</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **M-F7A-5P SA6:30A-7P SU8:30A-5P**

**NOT OPEN TO THE PUBLIC**

- |                      |                     |
|----------------------|---------------------|
| 1 MECHANICAL REPAIRS | 10 VEHICLES INSIDE  |
| 1 STORING VEHICLES   | 80 VEHICLES OUTSIDE |
| 90 VEHICLES          |                     |

Description of Location and/or Other Conditions:

**Originally Issued 12/9/1926. Amended 09/22/52 Allowed To Repair Their Own Equipment. 151 Linwood St. Plus 35 Joy St. Lot. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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 \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_

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: 151 Linwood St.  
City: Somerville State: Ma Zip: 02143 Phone #: 617-623-5600

I am an employer with 5 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: AIG  
Address: P.O. Box 25972  
City: Shawnee Mission State: Ks. Zip: 66225 Phone #: 617-623-5610  
Policy #: WC 268475 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 year's 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: 3-20-2013  
Print Name: Linda C. Comeau - Sr. Ofc. 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 \_\_\_\_\_



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  
02143

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

Taxpayer/applicant's phone: day: 617-627-5600 evening: \_\_\_\_\_

I, (print name) Matthew Pepin, 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 20<sup>th</sup> day of March, 20 13.  
Matthew Pepin  
(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: \_\_\_\_\_

# 222      # 145035011      # 740      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: M.M.

ORIGINAL STAMP: \_\_\_\_\_

**received**  
3-25-13