



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Fortune Teller License

DOLLY COSTELLO
153 WASHINGTON ST
SOMERVILLE MA 02143

License #: BL15-001039
File #: 15-815
Fee: 275

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: SPIRITUAL NEW AGE BOUTIQUE Business Location: 153 WASHINGTON ST Business Phone: 508-221-4943	
License Holder: DOLLY COSTELLO 153 WASHINGTON ST SOMERVILLE MA 02143	
Mailing Address: DOLLY COSTELLO 153 WASHINGTON ST SOMERVILLE MA 02143	
Business Type: Sole Proprietor DOLLY COSTELLO	
FID: 999999999	
Emergency Contact: MARY COSTELLO Phone: 401-327-9242	

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: *Dolly Costello*

Date: 04/19/2016

Printed Name: Dolly Costello

Phone: 508-221-4943



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Spiritual New Age Boutique

Address of taxpayer/applicant's business in Somerville: 153 Washington St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 841-8868 evening: 508-221-4943

I, (print name) Dolly Costello, 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: _____

15921 # 119001001 # 1240 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: Received
(Baran)
4-19-16

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: Dolly Costello
Address: 153 Washington St
City: Somerville State: MA Zip: 02143 Phone #: 508-221-4945

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ 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: Dolly Costello Date: 04/19/2016
Print Name: Dolly Costello

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 _____