

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



APPLICATION TO RENEW FORTUNE TELLER LICENSE

AMANDA MARKS
278 ELM ST
SUITE 4
SOMERVILLE, MA 02144

License #: 1077
Fee: 250.00
Account ID: 848
Reference #: 1077

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: ASTROLOGY STUDIO Business Location: 278 ELM ST Business Phone: 617-501-1373	617 629-5850
License Holder: AMANDA MARKS 278 ELM ST SUITE 4 SOMERVILLE, MA 02144 617-501-1373	617 629-5850
Mailing Address: AMANDA MARKS 278 ELM ST SUITE 4 SOMERVILLE, MA 02144	
Business Type: SOLE PROPRIETORSHIP OWNER - AMANDA MARKS	
FID: 999999999	
Food Manager/Emergency Contact: HERBERT COHEN 617-523-4552	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2014 JUL 15 PM 1:45

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)
Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:
Petitioner must NOT install or use neon signage.
Petitioner must NOT use the premises as a residence.

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: *Amanda Marks* Date: 07-13-14
Print Name: Amanda Marks Phone: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ASTROLOGY STUDIO

Address of taxpayer/applicant's business in Somerville: 278 ELM ST

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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: _____

N/A # 313089001 # 459 # _____

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP:

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: ASTROLOGY STUDIO
Address: 278 ELM ST
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 629-5850

- 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: [Handwritten Signature] Date: 07-15-14
Print Name: Adina Adar Markis

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 _____