

APPLICATION FOR A FORTUNETELLER LICENSE

Nonrefundable Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	11/2/12
Amount Paid	\$250-

Date Oct 10, 2012 ~~NOV -2~~ P 4:22

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Business DBA Name (if applicable): ASTROLOGY by GIA

Business Location in Somerville (with Zip Code): 68 Holland St, Somerville

Applicant's Legal Name: MARY ANN MITCHELL Phone: 857-253-9993

Applicant's Address (with Zip Code): 244 WALNUT ST, SAUGUS MA

Applicant's Email Address: NONE

Applicant's Federal ID # (Do not give a Social Security #): \_\_\_\_\_

Mailing Name (where we should send correspondence): MARY ANN MITCHELL  
244 WALNUT ST, SAUGUS MA 01906

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: LARRY MITCHELL Phone: 617-304-4023

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: MARY ANN MITCHELL

Partnership (inc. LLP): Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation (inc. LLC): Name of Corporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

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

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

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Describe your business: FORTUNE TELLER CARDS READING  
PALM READING, SPIRITUAL HEALING

Describe the hours of operation you are seeking: 10-9PM<sup>AM</sup> Mon-SAT  
Sun 10-6.

Describe any consumer complaints you have received as a fortuneteller: None

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date: 10/10/12

Print Name: MARYANN MITCHELL Phone: 857-253-9993

**FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS:**

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The Inspectional Svcs. Dept. recommends that the application be:  Approved  Denied

Signature: [Signature] Date: 11-2-12

**POLICE DEPARTMENT RECOMMENDATION:**

The Chief of Police recommends that the application be:  Approved  Denied

Signature: [Signature] Date: 10/11/12



NOTICE: This is a legal document that creates binding obligations. If not understood, consult an attorney.

### STANDARD FORM COMMERCIAL LEASE

**Katina Biliardis**

1. PARTIES  
(fill in)

LESSOR, which expression shall include context so admits, does hereby lease to

heirs, successors, and assigns where the  
**Stacy Mitchell**

*STACY'S New Age Astrology Shop*

2. PREMISES  
(fill in and include, if applicable, suite number, floor number, and square feet)

LESSEE, which expression shall include and assigns where the context so admits, and the LESSEE hereby leases the following described premises:

68 Holland Street  
Somerville, MA 02144  
First Floor Professional Suite  
Approximately 1100 S/F

together with the right to use in common, with others entitled thereto, the hallways, stairways, and elevators, necessary for access to said leased premises, and lavatories nearest thereto.

3. TERM  
(fill in)

The term of this lease shall be for commencing on

**10/01/12** **36 months** and ending on **09/30/15**

4. RENT  
(fill in)

The LESSEE shall pay to the LESSOR fixed rent at the rate of per year, payable in advance in monthly installments of proration in the case of any partial calendar month. All rent shall be payable without offset or deduction.

**45,600.00** dollars  
**3800.00**, subject to

5. SECURITY DEPOSIT  
(fill in)

Upon the execution of this lease, the LESSEE shall pay to the LESSOR the amount of **3800.00** dollars, which shall be held as a security for the LESSEE's performance as herein provided and refunded to the LESSEE at the end of this lease, without interest, subject to the LESSEE's satisfactory compliance with the conditions hereof.

6. RENT ADJUSTMENT

If in any tax year commencing with the fiscal year \_\_\_\_\_, the real estate taxes on the land and buildings, of which the leased premises are a part, are in excess of the amount of the real estate taxes thereon for the fiscal year **2013** (hereinafter called the "Base Year"), LESSEE will pay to LESSOR as additional rent hereunder, when and as designated by notice in writing by LESSOR, **33** percent of such excess that may occur in each year of the term of this lease or any extension or renewal thereof and proportionately for any part of a fiscal year. If the LESSOR obtains an abatement of any such excess real estate tax, a proportionate share of such abatement, less the reasonable fees and costs incurred in obtaining the same, if any, shall be refunded to the LESSEE.

A. TAX ESCALATION  
(fill in or delete)

B. OPERATING COST ESCALATION  
(fill in or delete)

~~The LESSEE shall pay to the LESSOR as additional rent the LESSOR; ----- percent of any increase in operating expense year ----- . Operating expenses are defined for the incurred by the LESSOR during any calendar year in connection with the leased premises, including janitorial service, landscaping and snow removal, employee salaries, utility costs, repairs, maintenance and any capital expenditure to reduce other operating expenses or comply with any~~

*Residence  
&  
Business  
address  
is  
the same.*

~~This increase shall be prorated should this lease be in effect.~~

C. CONSUMER PRICE ESCALATION  
(fill in or delete)

~~(1) LESSEE agrees that in the event the "Consumer Price Index City Average, All Items (1982-84=100)" (hereinafter referred to as the "CPI") (hereinafter referred to as the "CPI") published by the U.S. Department of Labor, or any successor, or any other authority, reflects an increase in the CPI for the month of \_\_\_\_\_, the fixed rent shall be adjusted in accordance with sub-paragraph~~

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GREATER BOSTON REAL ESTATE BOARD  
REVISED 1981, 1994



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e-FORMS

*10-12  
Rent to  
griffin*

*First last & Security Received in Cash.  
10-3-12 \$ 11,400*

**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.

x



\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)



\_\_\_\_\_  
\*\*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.



To  
TREASURY

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: ASTROLOGY by GIA

× Address of taxpayer/applicant's business in Somerville: 68 Hollend ST. Somerville

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 10 day of Oct.

\_\_\_\_\_, 2012, X.M.  
(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: \_\_\_\_\_  
07296095      # 326030001      # \_\_\_\_\_  
# 7521      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: M.M.

ORIGINAL STAMP:

**received**  
11-6-12



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

X Name: MARYANN MITCHELL

Address: 244 WALNUT ST

City: SALISBURY State: MA Zip: 01906 Phone #: 857-253-9993

- X
- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees.                               |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input checked="" type="checkbox"/> Entertainment                      |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> 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.

X Signature: [Signature] Date: 10/10/12

Print Name: MARYANN MITCHELL

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____