

**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:** 250

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)
<b>Business/DBA Name:</b> DOLLY COSTELLO <b>Business Location:</b> 153 WASHINGTON ST <b>Business Phone:</b> 508-221-4943	
<b>License Holder:</b> DOLLY COSTELLO 153 WASHINGTON ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> DOLLY COSTELLO 153 WASHINGTON ST SOMERVILLE MA 02143	
<b>Business Type:</b> Sole Proprietor DOLLY COSTELLO	
<b>FID:</b> 999999999	
<b>Emergency Contact:</b> MARY COSTELLO <b>Phone:</b> 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: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_



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: 508-221-4943 evening: Same

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 25 day of June, 2015. Dolly Costello  
(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: \_\_\_\_\_

# 15825 # 119001001 # 1229 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [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: Dolly Costello  
Address: 153 Washington Street  
City: Somerville State: MA Zip: 02143 Phone #: 508-221-4943

- |  |                       |  |
|--|-----------------------|--|
| <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 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.

Signature: Dolly Costello Date: 06/25/2015  
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 #: _____	<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 _____