

APPLICATION FOR APPROVAL OF THE BOARD OF ALDERMEN

Application Fee \$250.00

2011 OCT 12 A 11: 27

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 10-27-2011

Amount Paid \$250-

Date

10/6/11

CITY CLERK'S OFFICE
SOMERVILLE, MA

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Cell
617-387-6380

Applicant's Legal Name: STACEY MITCHELL Phone: 617-308-3507

Applicant's Address (with Zip Code): 1361 MAIN ST. READING

Applicant's Email Address: SAME

Applicant's Federal Employer Identification Number: NA

Business DBA Name (if applicable): ASTROLOGY BY VINA

Business Location (with Zip Code): 511 MEDFORD ST. SOMERVILLE

Mailing Name (where we should send correspondence to): SAME

Mailing Address (with Zip Code):

Emergency Contact: Phone:

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☐ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: STACEY MITCHELL

Address with Zip Code: 1361 MAIN ST. READING MA

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

The applicant requests that (provide a detailed description of the request):

License for Fortune telling, psychic, palm
TAROT CARD READINGS, sale of
religious candles, books and
religious medallions

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: Stacey Mitchell Date: 10-16-11
Print Name: STACEY MITCHELL Phone: 1-617-387-6380

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

Signature: [Signature] Date: 10-16-11

**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 

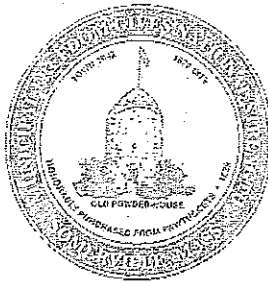
*Signature of Individual or Corporate Name (Mandatory)

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.



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department
JOSEPH A. CURTATONE
MAYOR

Elizabeth A. Craveiro
CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: STACEY MITCHELL
PLEASE PRINT
2. Business Location: 501 Medford Street
AND/OR
3. Taxpayer's Home Address: 1361 MAIN ST. READING, MA
Phone: Day 617-308-3507 Evening _____
4. Business Owner's Home Address: SAME
Business Owner's Phone: Day SAME Evening: _____
5. Business I.D. Number: _____

I, STACEY MITCHELL, the undersigned Taxpayer, do
Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

X Stacey Mitchell
(Business/Real Estate Owner's Signature)

PRINT Business/Real Estate Owners Name
PAUL J. MARINO, TR. ZEPAS Realty LLC

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate:

RE 9839 Water/Sewer 208047051 Personal Property N/A Other _____

CLERK'S INITIALS: LB

PLEASE CHECK ONE: ☒ Business Permit OR ☐ Building Permit

CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02144
(617) 625-6600 EXT. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9682
EMAIL: treasury@somervillema.gov • www.somervillema.gov



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:

Name: STACEY MITCHELL
Address: 1361 MAIN ST.
City: READING State: MA Zip: 01867 Phone #: 617-308-3507

- ☐ I am an employer with _____ employees (full and/or part time). Business Type: ☒ Retail
☒ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ 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: [Signature] Date: 10/2/06
Print Name: STACEY MITCHELL

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 _____