



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

**APPLICATION TO RENEW FORTUNE TELLER LICENSE**

**MARYANN MITCHELL**  
244 WALNUT ST  
SAUGUS, MA 01906

License #: **1063**

Fee: **250.00**

Account ID: **836**

Reference #: **1063**

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: <b>PSYCHIC READINGS BY MARY</b> Business Location: <b>382 SOMERVILLE AVE</b> Business Phone: <del>617-554-2014</del>	<b>617-628-6500</b>
License Holder: <b>MARYANN MITCHELL</b> <b>244 WALNUT ST</b> <b>SAUGUS, MA 01906</b> <del>617-554-2014</del>	<b>617-308-3507</b>
Mailing Address: <b>MARYANN MITCHELL</b> <b>244 WALNUT ST</b> <b>SAUGUS, MA 01906</b>	
Business Type: <b>SOLE PROPRIETORSHIP</b> <b>OWNER - MARYANN MITCHELL</b>	
FID: <b>999999999</b>	
Food Manager/Emergency Contact: <b>STACY MITCHELL</b> <b>617-308-3507</b>	

2014 APR - 8 A 10:11  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SA 10AM - 10PM, SU 10AM-7PM**

Description of Location and/or Other Conditions:

**PREMISES ARE TO BE USED ONLY FOR THE FORTUNE TELLING BUSINESS.**

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: Maryann Mitchell Date: 4/8/14

Print Name: Maryann Mitchell Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: PSYCHIC READINGS BY Mary

Address of taxpayer/applicant's business in Somerville: 382 Somerville Ave

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\_\_\_\_. [Signature]  
(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: \_\_\_\_\_

# NIA # NIA # NIA # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** [Signature]

**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: PSYCHIC Readings BY Mary

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

- ☐ 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: [Signature]

Date: 4/8/14

Print Name: \_\_\_\_\_

*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 \_\_\_\_\_