

APPLICATION FOR APPROVAL OF THE BOARD OF ALDERMEN

2012 FEB 28 P 4:13

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	2/28/12
Amount Paid	\$250.

Date 02/28/2012 CITY CLERK'S OFFICE

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

Applicant's Legal Name: Dolly L. Costello Phone: 508-221-4943

Applicant's Address (with Zip Code): 230 Tremont St. Apt #2 Boston, MA 02116

Applicant's Email Address: CostelloD32@gmail.com

Applicant's Federal Employer Identification Number:

Business DBA Name (if applicable): Spiritual New Age Boutique

Business Location (with Zip Code): 153 Washington St. Somerville, MA 02143

Mailing Name (where we should send correspondence to): Dolly L. Costello

Mailing Address (with Zip Code): 230 Tremont St. Apt #2 Boston, MA 02116

Emergency Contact: Mary Phone: 401-327-9242

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

IF A SOLE PROPRIETOR:

Owner's Name: Dolly L. Costello

Address with Zip Code:

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):

Would like to sell some spiritual & religious items
crystals, books, essential oils, also do
Tarot card readings

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: Dolly L. Castello Date: 02/28/2012

Print Name: Dolly L. Castello Phone: 508.221.4943

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

Signature: [Signature] Date: 2/29/12



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: Dolly L. Castello

Address of taxpayer/applicant's business in Somerville: 153 Washington St. Somerville, MA, 021

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

Taxpayer/applicant's phone: day: 508-221-4943 evening: 508-221-4943

I, (print name) Dolly L. Castello, 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 28th day of February, 2012. Dolly L. Castello
(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: _____
15468 # 119001001 # _____ # _____

NOTES:

CLERK'S INITIALS: UP

ORIGINAL STAMP:

RECEIVED
Barrows
2-28-12

**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.



*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.

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: Dolly L. Costello
Address: 153 Washington St.
City: Somerville State: Ma. Zip: 02143 Phone #: 508-221-4943

- 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: Dolly L. Costello Date: _____
Print Name: Dolly L. Costello

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