

APPLICATION FOR A FORTUNETELLER LICENSE

Application Fee \$250.00 _____

Date 2/13/13 _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

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

Business DBA Name (if applicable): PSYCHIC Readings By Mary

Business Location in Somerville (with Zip Code): 382 Somerville Ave

Applicant's Legal Name: MaryAnn Mitchell Phone: 617-591-2221

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): 244 Walnut St Saugus MA

Mailing Address (with Zip Code): _____

Emergency Contact: Stacy Mitchell Phone: 617-308-3507

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

Sole Proprietor: Name of Owner: MaryAnn 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 card readings
palm readings spiritual healings

Describe the hours of operation you are seeking: 4^{PM} - 10^{PM} Mon Sat
Sun 10 - 7

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: Mary Ann Mitchell Date: 2/13/13
Print Name: Mary Ann Mitchell Phone: 617-591-2221

FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: Approved Denied
Signature: Paul G. Ham Date: 5/3/13

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: Approved Denied MSC
Signature: Deputy Chief [Signature] Date: 2/19/2013

- NO SOMERVILLE LOCATION IDENTIFIED
- ID DOES NOT MATCH LEGAL ADDRESS.

Date: 05/03/2013

To whom it may concern

I Jahangir Kabir Lease Holder
of 378/382 Somerville Ave Somerville
MA-02143. I am Maryann Mitchell
Sublease 382 Somerville Ave
TO DO PALM & TAROT Readings
Business.

Jahangir
JAHANGIR KABIR
05/03/2013


**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.



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: Psychic Readings By Mary
Address of taxpayer/applicant's business in Somerville: 380 382 Somerville Ave Somerville
Address of taxpayer/applicant's home in Somerville: 244 Walnut St Saugus MA 01906
Taxpayer/applicant's phone: day: 617 591-2221 evening: same

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 13 day of FEB

_____, 20____, _____
JOHN P. HAYES TRUSTEE (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: ____
13697 # 242068001 # N/A # _____

NOTES:

CLERK'S INITIALS: RF

ORIGINAL STAMP:

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: Mary Ann Mitchell
Address: 244 Walnut St
City: Saugus State: MA Zip: 01906 Phone #: 617 591-2221

- 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: MM Date: 2/13/13
Print Name: Mary Ann 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 _____