

FORTUNETELLING LICENSE APPLICATION FORM

TYPE OF LICENSE REQUESTED:

(Check appropriate category)

_____ New License _____ Renewal

1. APPLICANT:

Name _____ Birthdate _____
 Address _____

Telephone No. _____ Driver's License No. _____

(If applicant is a partnership or an organization, please complete the attached Form A - List of Officers)

2. Two most recent previous addresses and dates of residence:

Address _____	City _____	State _____	Dates (from-to) _____
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Address _____	City _____	State _____	Dates (from-to) _____
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3. Have you every been arrested?

_____ Yes _____ No

If yes: Reason for Arrest _____ When & Where _____

Remarks: _____

4. Name, location, and occupancy of proposed Fortunetelling establishment:

(a) Name: _____

(b) Address: _____

(c) Number of Occupants: _____

5. Address(es) where applicant resided or engaged in business within 5 years immediately prior to the date of this application:

A.

Name _____	Street Address _____	City _____
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County _____	State _____	Dates (from-to) _____
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B.

Name _____	Street Address _____	City _____
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County _____	State _____	Dates (from-to) _____
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6. Is the proposed fortunetelling location owned by the applicant or leased by the applicant.

_____ Owned _____ Leased

If the proposed location is leased, provide the following information:

Owner's Name: _____

Owner's Address: _____

Owner's Telephone No. _____ When does the lease expire _____

What, if any, special conditions are associated with the lease: _____

7. Provide a detailed description of the nature and type of fortunetelling activity that is proposed or intended to be conducted:

We certify, under penalty of perjury, that the foregoing is true and correct

 Signature of Applicant

 Signature of Property Owner

LIST OF OFFICERS

1.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
2.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
3.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
4.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
5.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)
6.	_____	_____
	(NAME)	(OFFICE OR POSITION)
	_____	_____
	(ADDRESS)	(BIRTHDATE)/(DRIVER'S LICENSE)
	_____	_____
	(CITY STATE ZIP)	(SIGNATURE)