



**SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT**

License Division, 9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062

William D. Gore, Sheriff

APPLICATION FOR FORTUNE TELLER'S LICENSE

Fees: \$ 275.00 New
250.00 Renewal

File #FT _____

Fees are not refundable

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. Photo identification (i.e., California Driver's License)
2. Correct fee
3. Money Order in the amount of \$49.00 (payable to Department of Justice)
4. Assessor's Parcel Number _____ and Zoning status _____ where activity will occur
5. Documentation of your ownership of the premises or written agreement signed by the property owner permitting such use of the premises.
6. Other _____

PRINT OR TYPE ONLY

NAME _____ () _____
LAST FIRST MIDDLE TELEPHONE

ALL OTHER NAMES USED

(INCLUDE MAIDEN NAME) _____

RESIDENCE _____
NUMBER STREET CITY ZIP

DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____

ALL PREVIOUS RESIDENCES FOR PAST FIVE (5) YEARS:

LIST ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE IN PAST TEN (10) YEARS:

<u>DATE</u>	<u>CHARGE</u>	<u>AGENCY</u>	<u>DISPOSITION</u>	<u>NAME ON DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Business _____ Bus Phone _____

Business Web-site: _____ How is business conducted: _____

Business Address _____
Number Street City State Zip

Mailing Address _____
Number Street City State Zip

Name and Mailing address of Property Owner (s): _____

(If applicant is not property owner, written permission from the owner must be attached)

Check applicable Business Description: _____ Corporation _____ Partnership _____ Individual _____ DBA
List Names of Other Officers or Partners

(Each additional person listed above must complete a General Application form)

Days of Operation: M T W TH F SAT SUN

Hours of Operation: From _____ am/pm To _____ am/pm

List all similar businesses in which you have practiced, either alone or in conjunction with others:

Business Name	Address	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

And the names of all business partners:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION. I AGREE TO HAVE ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THE APPLICATION. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS LICENSE.

SIGNATURE _____ DATE _____

APPLICATION ACCEPTED BY _____ DATE _____

FOR USE OF FIRE DISTRICT

APPROVED [] DISAPPROVED []
REASON _____
BY _____ DATE _____
TITLE: _____
FIRE PATROL DISTRICT: _____

FOR USE OF DPLU

APPROVED [] DISAPPROVED []
REASON _____
CODE SECTION _____
BY _____ DATE _____

FOR USE OF DEH - CODE ENFORCEMENT

APPROVED [] DISAPPROVED []
REASON _____
BY _____ DATE _____

FOR USE OF SHERIFF'S FRAUD INVEST.

APPROVED [] DISAPPROVED []
REASON _____
BY _____ DATE _____