



# SAN DIEGO COUNTY SHERIFF'S OFFICE

## LICENSING DIVISION

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



### APPLICATION FOR FORTUNE TELLER'S LICENSE

Fees: \$328.00 New  
\$299.00 Renewal

*Fees are not refundable*

File #FT \_\_\_\_\_

#### YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. Photo identification (*i.e., California Driver's License*)
2. Correct application fee (*see above*)
3. Livescan fee: \$49.00 (*only for new or reapplying applicants*)
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>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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FORTUNE TELLER'S LICENSE – PAGE 2

**Name of Business** \_\_\_\_\_ **Busn Phone** \_\_\_\_\_

**Business Website:** \_\_\_\_\_ **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 the 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 Background 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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FORTUNE TELLER'S LICENSE – PAGE 3

Name of Business \_\_\_\_\_

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 \_\_\_\_\_

### FIRE DISTRICT

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

TITLE: \_\_\_\_\_

FIRE PATROL DISTRICT: \_\_\_\_\_

### PDS

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

CODE SECTION \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

### DPS – CODE ENFORCEMENT

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

### SHERIFF'S FRAUD INVEST.

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

### SHERIFF'S LICENSING DIVISION

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_