

COUNTY OF MONTEREY
FORTUNE TELLING and RELATED PRACTICES
Renewal APPLICATION

Applicant Status (check only one)

- | | |
|---|--|
| <input type="checkbox"/> Association | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Co-Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Firm | |

The applicant section of this application must be completed for each co partner of a co-partnership or joint venture; and for each principal officer, director or shareholder of an association or corporation. Any application filed on behalf of a partnership/corporation shall be signed by each of the partners/shareholders.

Name of Business _____

Business Address _____

Mailing Address _____

Business Phone _____

Applicant Information:

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Residence Address _____ City _____ State _____ Zip _____

Drivers License _____ Social Security Number _____ Residence Phone _____

United States Citizen: Yes No

Have you ever been convicted of any crime within the past five years? Yes (If yes, please attach a separate sheet and explain in detail)

Please submit the following with your application:

- Copy of Business insurance certificate
- Two Passport Size photos (only if individual)
- Copy of Drivers License (only if individual)

I/we understand and agree that any business or activity conducted or operated under this permit shall be operated in full conformity with all laws of the state and the laws and regulations of the county applicable thereto. I/we understand that any violation of any such laws or regulation in such place of business, or in connection therewith, shall render any permit subject to immediate revocation. I understand that any omission or falsification on this application will be grounds to deny a permit.

I have received a copy of county ordinance Chapter 7.16

Applicant _____ Date _____ Applicant _____ Date _____

Applicant _____ Date _____ Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE SHERIFF OFFICE USE ONLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Application Complete/Signed | <input type="checkbox"/> Photographs | <input type="checkbox"/> Criminal Check (CJIS) |
| <input type="checkbox"/> Fees Paid | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Warrants Check (CLETS) |

Completed by: _____ Date: _____ Permit Number: _____

