



TURLOCK POLICE DEPARTMENT APPLICATION FOR FORTUNE TELLING BUSINESS



PERMIT APPLYING FOR

Owner/Operator

Manager

Employee

New Renewal

OFFICE USE ONLY

Application Received _____

Fees Paid _____

 Amount Date

Fingerprint Appointment _____

 Date Time

Status of Application _____

 Date

Permit Valid _____ / _____

 Date to Date

I HEREBY SUBMIT MY APPLICATION for a permit under TMC 5-3-01, Fortune-Telling Business:

Applicant Name: _____ DOB: _____

 Last First Middle

Aliases, or other names used: _____ Sex: Male Female

Address: _____

 Number Street City Zip

Prior Addresses: _____
(List for past 3 years)

Phone: _____

 Home Cell Msg/Other

CA Drivers License / ID Card Number: _____

Physical Description: _____

 Height Weight Hair Eyes

Scars / Marks / Tattoos: _____

BUSINESS INFORMATION:

Name of owner or corporation: _____

Proposed or Established Business name if any: _____

Proposed or Established Business Address: _____

Business Telephone: _____

Name/Address of owner or lessor of real property business location: _____

Proposed or established hours of operation (business hours).

TIME	MON	TUE	WED	THUR	FRI	SAT	SUN
OPEN							
CLOSE							

Type of Service Provided: (Check all that apply)

- | | | |
|--------------------|----------------------|--------------------|
| Clairvoyance _____ | Cartomancy _____ | Psychology _____ |
| Psychometry _____ | Phrenology _____ | Spirits _____ |
| Tea Leaves _____ | Mediumship _____ | Seership _____ |
| Prophecy _____ | Augury _____ | Astrology _____ |
| Palmistry _____ | Necromancy _____ | Mind Reading _____ |
| Telepathy _____ | Taro Cards _____ | Card Reading _____ |
| Magic _____ | Crystal Gazing _____ | Any Other _____ |

THE APPLICANT’S BUSINESS, OCCUPATION, OR EMPLOYMENT FOR THE PAST THREE YEARS:

Business/Occupation	Address	Phone	Date	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FORTUNE-TELLING BUSINESS OR SIMILAR BUSINESS OR EMPLOYMENT HISTORY:

List all information pertaining to any previous license(s) or permit (s) or similar license or permit issued to the applicant. Include licenses and permits issued within the City of Turlock.

TYPE OF LICENSE: _____

ISSUING AGENCY: _____

LOCATION OF BUSINESS: _____

DATE OF ISSUE: _____ DATE OF EXPIRATION: _____

Was any action ever taken against your license or permit? Yes No

Was your license or permit ever suspended or revoked? Yes No

If you answered yes to either of the above questions, provide a detailed explanation below. Include dates, locations, and involved agencies.

CRIMINAL HISTORY:

Have you ever been convicted of any of the following?

	YES	NO
1. An offense involving conduct which requires registration pursuant to 290 of the CA Penal Code	_____	_____
2. An offense involving the use of force or violence upon the person of another that amounted to a felony	_____	_____
3. An offense involving sexual misconduct with children	_____	_____
4. An offense involving theft of property	_____	_____
5. An offense as defined in CA Penal Code Sections 311, 315, 316, 318, 266, 266a, 266b, 266d, 266e, 266f, 266g, 266h, 266i, 647(a), 647(b), or 647(d)	_____	_____
6. Conspiracy to conduct any of the above	_____	_____
7. Commit the equivalent of any of the above acts in a jurisdiction outside the state of CA?	_____	_____

If you answered YES to any of the above questions, give a complete explanation of each, including type of offense with dates and locations.

OTHER EMPLOYEES:

List any person(s) other than the applicant, who will be in charge of and be responsible for the order and due observance of the provisions for this permit as specified in the Turlock Municipal Code.

NAME: _____

ALIASES, OR OTHER NAMES USED: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DESCRIPTION: HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

DATE OF BIRTH: _____ DRIVER'S LICENSE # _____ STATE _____

NAME: _____

ALIASES, OR OTHER NAMES USED: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DESCRIPTION: HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

DATE OF BIRTH: _____ DRIVER'S LICENSE # _____ STATE _____

I certify, under the penalty of perjury, that by signing and submitting this application, all of the statements contained herein are true and correct. I have not omitted or concealed any material facts. I understand that knowingly making a false statement, or concealing or omitting any material fact, may result in the denial of a permit to operate a Fortune Telling Business. I further understand that knowingly making a false statement, or concealing or omitting any material fact, may cause the revocation or suspension of an existing permit, and/or criminal action. I have been provided a copy of, and have read and understand, the Turlock Municipal Code Sections pertaining to Fortune Telling Business. I further understand that if and when a new employee(s) is hired, and if they are to be involved in the administration, operation, of the business in any of the aforementioned capacities, they must register with, and be cleared by the Turlock Police Department prior to engaging in any of the aforementioned activities.

Signed: _____ Date: _____

Title: _____

Return this completed application and all supporting documents to:

Turlock Police Department
900 North Palm Street
Turlock, CA 95380

