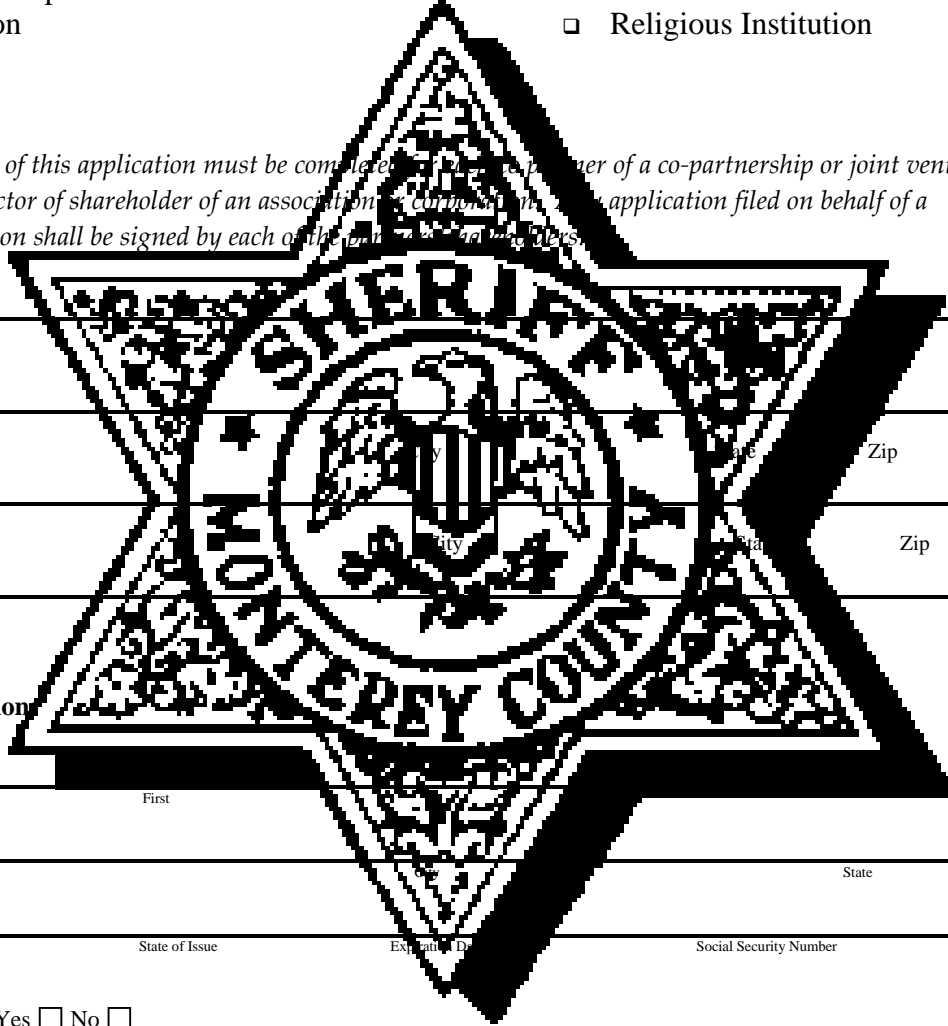


COUNTY OF MONTEREY FORTUNE TELLING and RELATED PRACTICES APPLICATION

Applicant Status (check only one)

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

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



Name of Business _____

Business Address _____

Mailing Address _____

Business Phone _____

Applicant Information

Last Name _____ First _____ Date of Birth _____

Residence Address _____ State _____ Zip _____

Drivers License _____ State of Issue _____ Expiration Date _____ Social Security Number _____ Residence Phone _____

United States Citizen: Yes No

Have you ever been convicted of any crime within the past five years? Yes No (If yes, please attach a separate sheet and explain in detail)

List all former employers for the preceding three years beginning with the most recent. (Attach separate sheet if necessary):

Employer _____ Address _____ City, State, Zip _____ From _____ To _____

Employer _____ Address _____ City, State, Zip _____ From _____ To _____

Employer _____ Address _____ City, State, Zip _____ From _____ To _____

Employer _____ Address _____ City, State, Zip _____ From _____ To _____

List all former residences for the preceding three years beginning with the most current. (Attach separate sheet if necessary):

Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To

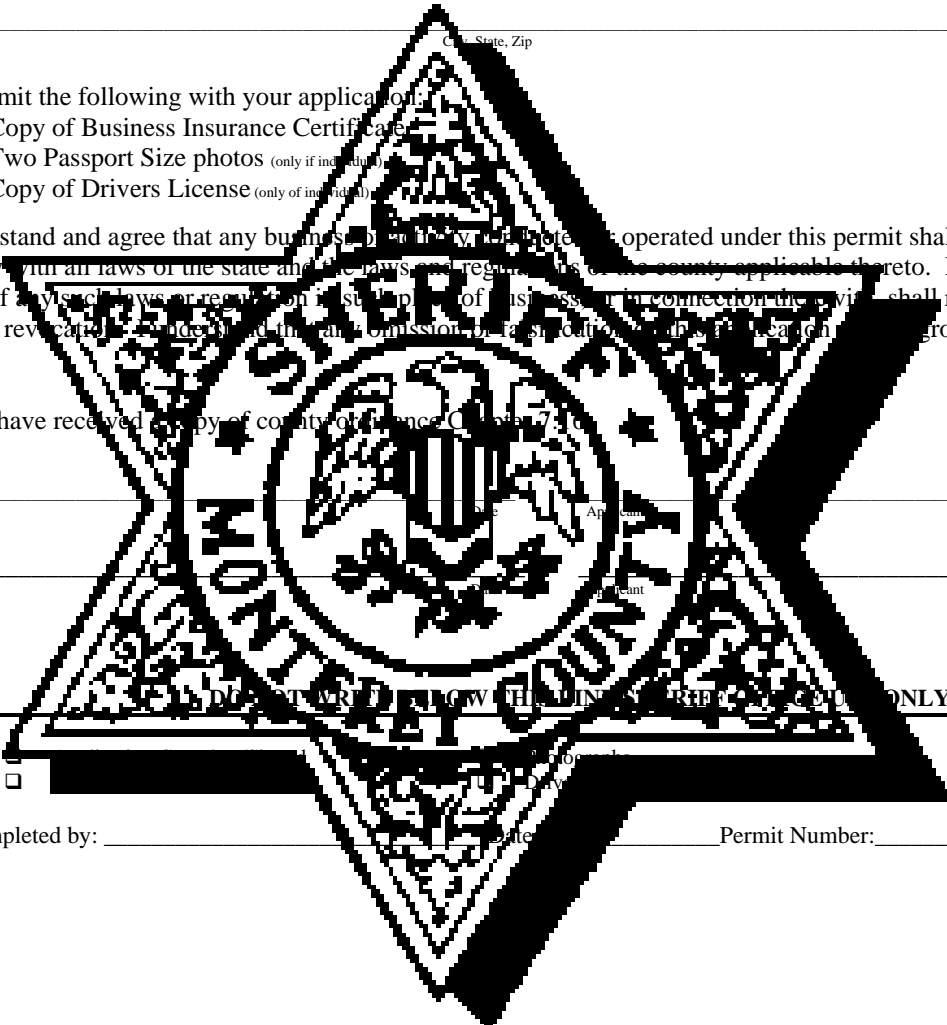
Please submit the following with your application:

- 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, industry, or property operated under this permit shall be operated in full conformity with all laws of the state and the laws and regulations of this county applicable thereto. I/we understand that any violation of any such laws or regulation in the course of business in connection therewith shall render any permit subject to immediate revocation. I/we understand that the commission of a felony or other crime on the grounds to deny a permit.

- I have received a copy of county ordinance Chapter 7.3.c

Applicant	Name	Applicant	Date
Applicant	Name	Applicant	Date



DO NOT WRITE BELOW THIS LINE - RIBBON ONLY

- Criminal Check (CJIS)
- Warrants Check (CLETS)

Completed by: _____ Date: _____ Permit Number: _____