



MODESTO POLICE DEPARTMENT FORTUNE TELLING APPLICATION

FEE PAID: _____

DATE: _____	RD _____	BEAT _____	MPD CASE #: _____
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PERMIT TYPE: ESTABLISHMENT FORTUNE TELLER NEW RENEWAL

APPLICANT INFORMATION

APPLICANT NAME: _____
Last First Middle

List all names APPLICANT is known by/AKA's: _____

APPLICANT ADDRESS: _____
Number/Street City State Zip Code

APPLICANT PHONE NUMBER (DAY): _____ (EVENING): _____

APPLICANT DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
Number/Street City State Zip Code

EXACT NATURE OF SERVICES TO BE PROVIDED AT ESTABLISHMENT:

APPLICANT'S BUSINESS, OCCUPATION, OR EMPLOYMENT FOR THE PREVIOUS THREE YEARS:

APPLICANT'S FORTUNE TELLING OR SIMILAR BUSINESS LICENSE OR PERMIT HISTORY:

- Have you operated in this or another city or state under a license or permit? YES NO

If YES, list the business name, street address, city, state and permit or license number, as well as years operated.

BUSINESS NAME	ADDRESS	CITY/STATE	PERMIT/LICENSE #	YEARS
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- Did you have such license/permit revoked or suspended? YES NO

If YES, list the reason:

- What business activity or occupation did you have subsequent to such action of suspension or revocation?

- Have you ever been convicted of theft, fraud, or crimes involving moral turpitude or any felony involving such offenses? YES NO If yes, give complete explanation, including types of offenses, dates, and location.

Name and Address of Owner(s) and Lessor(s) of real property upon or in which the business is to be conducted: _____

I declare under penalty of perjury that all statements in the application are true and correct. And furth, that any flase statements or ommissions may be cause for rejection of this application, or revocation of any license or permit issued. I further declare that I meet all the requirements for the permit or license I have applied for, and will abide by all rules and regulations governing said permit or license.

Applicant Signature: _____

Issuing Officer: _____ IBM#: _____

MODESTO POLICE DEPARTMENT APPROVAL

Administrative Services Supervisor Date



CITY of MODESTO

Police Department

600 Tenth Street
Modesto, CA 95354
209/572-9500
209/523-4082 Fax

*Hearing and Speech
Impaired Only
TDD 209/526-9211*

Administration

P.O. Box 1746
Modesto, CA 95353
209/572-9501
209/572-9669 Fax

Investigations Bureau

P.O. Box 1814
Modesto, CA 95353
209/572-9551
209/572-0741 Fax

Operations Bureau

P.O. Box 3313
Modesto, CA 95353
209/572-9598
209/572-9656 Fax

Support Bureau

P.O. Box 1746
Modesto, CA 95353
209/572-9519
209/572-9669 Fax

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize any Police Officer or other authorized representative of the Modesto Police Department bearing this release (or a copy of it) to obtain any information in your files pertaining to my arrest or criminal records.

Consent is granted for the Modesto Police Department to furnish the information described above to its parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Modesto Police Department, and I further understand that these reports are confidential.

I hereby release you, as the custodian of such records, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, associates or assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

A photocopy of this release is to be considered as valid as an original.

NAME: _____ SOCIAL SECURITY NO: _____

SIGNED: _____

DATE: _____

WITNESS: _____
(Modesto Police Department)

**FORTUNE TELLING APPLICANTS
MUNICIPAL CODE
ACKNOWLEDGEMENT**

I/WE, THE UNDERSIGNED, MAKE THE FOLLOWING DECLARATIONS:

- (1) I/We have been provided with a copy of the Modesto Municipal Code Sections 4-11.101-4-11/405
- (2) I/We have read and understand the aforementioned Municipal Code Sections.
- (3) I/We agree that, should a fortune teller and/or establishment permit be issued, that I/We will abide by the conditions and provisions of said sections.

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

MODESTO POLICE DEPARTMENT

MODESTO POLICE DEPARTMENT

WITNESSED BY: _____

WITNESSED BY: _____