



**City of Lafayette**  
3675 Mt. Diablo Blvd., Suite 210  
Lafayette, CA 94549  
(925)284-1968  
**Application fee: \$100.00**

## FORTUNETELLING LICENSE APPLICATION

### APPLICANT INFORMATION

Last Name	First	Middle
Permanent Home Address		Date
City / State / Zip		Social Security Number
Home Telephone Number		Drivers License Number / State
Current Business Name		Supervisors Name
Current Business Address		
City / State / Zip		
Business Telephone Number		

**Briefly describe the proposed fortunetelling activity / operation, and the location / address where the activity will be conducted.**


**Have you ever been convicted of a felony or misdemeanor or been on parole or probation, or been convicted of a violation of a local agency ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, describe the nature of each offense and the penalty imposed for each.


**NAMES & ADDRESSES OF APPLICANT'S EMPLOYERS OR NAME UNDER WHICH YOUR BUSINESS OPERATED FOR THE PAST 5 YEARS.**

BUSINESS NAME	SUPERVISORS NAME
Address	
City / State / Zip	
Dates Employed: Month / Year	Telephone Number
Business Name	Supervisors Name
Address	
City / State / Zip	
Dates Employed: Month / Year	Telephone Number
Business Name	Supervisors Name
Address	
City / State / Zip	
Dates Employed: Month / Year	Telephone Number
Business Name	Supervisors Name
Address	
City / State / Zip	
Dates Employed: Month / Year	Telephone Number
Business Name	Supervisors Name
Address	
City / State / Zip	
Dates Employed: Month / Year	Telephone Number

**Fingerprints can be taken at the Lafayette Police Department by Appointment (925)283-3680.  
 Note: There are additional fees that the applicant will pay for the fingerprint process.  
 Applicant must furnish one passport size photograph.**

<p><b><u>FOR OFFICE USE ONLY:</u></b></p> <p>_____ PHOTOGRAPHS      DMV _____</p> <p>_____ FINGERPRINTED</p>	<p><b>FEES PAID:</b> _____</p> <p><b>PERMIT GRANTED</b> _____ <b>DENIED</b> _____</p> <p><b>EXPIRATION:</b> _____</p>
--	---

**CERTIFICATE OF APPLICANT: (Read Carefully Before Signing)**

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatements or omission of material fact on this application will cause forfeiture of any license and licensing application fee with the City of Lafayette. I further agree to be fingerprinted and to give photo ID, and to allow City of Lafayette personnel to inspect my personnel records at any previous place of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit application to the City Manager for review.**

**Application will be processed upon receipt of check.**

**Please make check payable to the *City of Lafayette* in the amount of \$100.00.**