



**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT**  
**LICENSING DIVISION**  
9621 Ridgehaven Court, PO Box 939062  
San Diego, CA 92193-9062



**APPLICATION FOR FORTUNE TELLER'S LICENSE**

Fees: \$328.00 New  
\$299.00 Renewal *Fees are not refundable*

File #FT \_\_\_\_\_

**YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:**

1. Photo identification (i.e., California Driver's License)
2. Correct fee
3. Money Order in the amount of \$49.00 (payable to Department of Justice)
4. Assessor's Parcel Number \_\_\_\_\_ and Zoning status \_\_\_\_\_ where activity will occur
5. Documentation of your ownership of the premises or written agreement signed by the property owner permitting such use of the premises.
6. Other \_\_\_\_\_

**PRINT OR TYPE ONLY**

NAME \_\_\_\_\_ ( ) \_\_\_\_\_  
LAST FIRST MIDDLE TELEPHONE

**ALL OTHER NAMES USED**

(INCLUDE MAIDEN NAME) \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
NUMBER STREET CITY ZIP

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

DRIVER'S LICENSE No. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

**ALL PREVIOUS RESIDENCES FOR PAST FIVE (5) YEARS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE IN PAST TEN (10) YEARS:**

**DATE      CHARGE      AGENCY      DISPOSITION      NAME ON DISPOSITION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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FORTUNE TELLER'S LICENSE – PAGE 2

Name of Business \_\_\_\_\_ Bus Phone \_\_\_\_\_

Business Web-site: \_\_\_\_\_ How is business conducted: \_\_\_\_\_

Business Address \_\_\_\_\_  
Number Street City State Zip

Mailing Address \_\_\_\_\_  
Number Street City State Zip

Name and Mailing address of Property Owner (s):  
\_\_\_\_\_  
\_\_\_\_\_

*(If applicant is not the property owner, written permission from the owner must be attached)*

Check applicable Business Description: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ DBA

### List Names of Other Officers or Partners

\_\_\_\_\_  
\_\_\_\_\_

*(Each additional person listed above must complete a Background Application form)*

Days of Operation: M T W TH F SAT SUN

Hours of Operation: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

List all similar businesses in which you have practiced, either alone or in conjunction with others:

Business Name	Address	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

And the names of all business partners:

\_\_\_\_\_  
\_\_\_\_\_



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FORTUNE TELLER'S LICENSE – PAGE 3

Name of Business \_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION. I AGREE TO HAVE ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THE APPLICATION. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS LICENSE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

### FIRE DISTRICT

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

TITLE: \_\_\_\_\_

FIRE PATROL DISTRICT: \_\_\_\_\_

### PDS

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

CODE SECTION \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

### DPS – CODE ENFORCEMENT

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

### SHERIFF'S FRAUD INVEST.

APPROVED [ ] DISAPPROVED [ ]

REASON \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_