



MONTEREY COUNTY, CALIFORNIA  
**SHERIFF'S OFFICE**  
 Proudly protecting the community since 1850.

**FORTUNE TELLING  
 AND RELATED PRACTICES  
 PERMIT RENEWAL**

1414 Natividad Road, Salinas CA 93906 ■ (831) 755-3700 ■ www.montereysheriff.org

**Applicant Status: (check only one)**

- Association       Co-Partnership       Corporation  
 Firm               Individual               Joint Venture       Religious Institution

Attach  
Photos  
Here

*The applicant section of this application **must be completed for each co-partner of a co-partnership or joint venture; and for each principal officer, director of shareholder of an association or corporation.***

*Any application filed on behalf of a partnership/corporation shall be signed by each of the partners/shareholders.*

<b>Business Name</b>		<b>Business Phone</b>	
<b>Business Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Mailing Address (if different from above)</b>		<b>City</b>	<b>State</b> <b>Zip</b>

**Applicant Information:** (individual or one form for each business partner/person)

<b>Last Name</b>				<b>First Name</b>		<b>Middle</b>	<b>Age</b>	<b>Date of Birth</b>
<b>Sex</b>	<b>Height</b>	<b>Weight</b>	<b>Hair Color</b>	<b>Eye Color</b>	<b>Residence Phone</b>		<b>Business Phone</b>	
<b>Residence Address</b>				<b>City</b>		<b>State</b>	<b>Zip</b>	
<b>Mailing Address (if different from above)</b>				<b>City</b>		<b>State</b>	<b>Zip</b>	
<b>Social Security Number</b>			<b>Driver's License #</b>		<b>Expiration Date</b>		<b>State of Issue</b>	

If applicant is an individual, please attach the following:

- Two passport size (2inches by 2 inches) photos taken within 60 days prior to date of filing this application
- Copy of your current driver's license
- Form of payment (cashier's check, money order, personal check or cash-if paying in person)

I understand and agree that any business or activity conducted or operated under this permit shall be operated in full conformity with all laws of the state and the laws and regulations of the county applicable thereto. I understand that any violation of any such laws or regulations in such place of business, or in connection therewith, shall render any permit subject to immediate revocation. I understand that any omission or falsification on this application will be grounds to deny a permit.

- I have received a copy of county ordinance Chapter 11.25

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**DO NOT WRITE IN THIS SECTION. SHERIFF OFFICE USE ONLY.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Application Complete/Signed | <input type="checkbox"/> Driver's License   | <input type="checkbox"/> Criminal Check (CJIS)  |
| <input type="checkbox"/> Fees Paid                   | <input type="checkbox"/> School Certificate | <input type="checkbox"/> Warrants Check (CLETS) |
| <input type="checkbox"/> Photographs                 | <input type="checkbox"/> Data Update        |   |

Completed by: \_\_\_\_\_ Date/Mailed: \_\_\_\_\_ Permit Number: \_\_\_\_\_