

## PACIFICA POLICE DEPARTMENT

As required by the City of Pacifica, under the Municipal Code, you are hereby requested to provide the following information in order that an investigation may be conducted to consider the issuance of a permit to practice the business of astrology, palmistry, phrenology, life reading, fortune-telling, cartomancy, clairvoyance, clairaudience, crystal gazing, hypnotism, mediumship, prophecy, augury, divination, magic, or necromancy within the City of Pacifica.

APPLICATION FOR PERMIT UNDER CHAPTER 6, TITLE 5, PACIFICA MUNICIPAL CODE FORTUNE-TELLING
---

Name of Applicant	Home Phone
Permanent Home Address	
Date of Birth	California Drivers License
Name of Business	Business Phone
Business Address	
Mailing Address	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by what agency:	
Residences for last 10 years	

If additional space is needed, use additional sheet.

List below those partners, agents and employees who shall be a part of this business and subject to investigation for a permit under the above described Municipal Code.

Name	Date of Birth
Address [City, State & Zip]	

Name	Date of Birth
Address [City, State & Zip]	

Name	Date of Birth
Address [City, State & Zip]	

If additional space is needed, use additional sheet.

A fee of \$66.00 for each applicant, partner, agent, and employee will be collected for the application of an original permit and a fee as specified by City Council policy will be collected annually for renewal should such a permit be granted.

As an applicant for a permit under Chapter 6, Title 5 of the Pacifica Municipal Code, I certify the information above is true and correct to the best of my knowledge, and I understand false and/or misleading information are grounds for denial or revocation.

Applicant's Signature	Date
-----------------------	------

Chief of Police Signature	Date
---------------------------	------

PERMIT GRANTED

PERMIT DENIED