FORTUNE TELLING PERMIT BMC 5.72 (Ord. 593; 601)

Applicant Requirements:

- Business License Application Varies (refundable if denied)
- Business License Processing Fee (Approximately $61.00, non-refundable)
- Zone Clearance Form
- Fortune Telling Permit ($500 non-refundable)
- Letter from Property Owner
- Surety Bond ($10,000)
- Six (6) Sets of Fingerprints of Fortune Teller
- Four (4) Photos (1x1) of Fortune Teller

Required Approval(s):

- Planning Department
- Sheriff Department
- Fire Department
- Council Approval
  *Obtained by the City of Bellflower

Permit Renewal:

Annual – New application and council approval required with renewal fee

16600 CIVIC CENTER DRIVE * BELLFLOWER, CA 90706 * 562/ 804-1424
APPLICATION FOR FORTUNE TELLING PERMIT (BMC 5.72)

BMC 5.72.030 Every natural person who, for pay, actively conducts, engages in, carries on, or practices fortune telling shall file a separate verified application for a permit.

Please complete the required information:

• Applicant (Fortune Teller): ____________________________________________
  Home Address: _____________________________________________________
  Home Telephone: ___________________________________________________

• Business Location Address: __________________________________________
  Business Telephone: ________________________________________________

Have you ever been convicted of any crime as a result of an arrest, citation or criminal complaint (Do not include traffic infractions)? Include any convictions expunged via 1203.4 PC.

Yes  ☐ No ☐

If yes, please explain in detail: _________________________________________

Employment History:

• Business Name #1: _________________________________________________
  Address: _________________________________________________________
  Telephone: _______________________________________________________
  Title/ Position: ____________________________________________________
  Dates of employment: _____________________________________________

• Business Name #2: _________________________________________________
  Address: _________________________________________________________
  Telephone: _______________________________________________________
  Title/ Position: ____________________________________________________
  Dates of employment: _____________________________________________

List similar businesses in which the applicant/fortuneteller practiced either alone or in conjunction with others:

• Business Name #1: _________________________________________________
  Address: _________________________________________________________
  Telephone: _______________________________________________________
  Dates of employment: _____________________________________________

• Business Name #2: _________________________________________________
  Address: _________________________________________________________
  Telephone: _______________________________________________________
  Dates of employment: _____________________________________________

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Please include with the application the following:

- Fingerprints on a form provided by the Sheriff Department
- Written consent of the Property Owner.
- Completed Business License Application with required fees.
- Completed Zone Clearance Form. (To accompany Business License Application)
- Two (2) 1 x 1 photos of the applicant taken within the last sixty (60) days.
- Upon approval, supply the City a Surety Bond in the amount of $10,000 indemnify the City of Bellflower (5.72.060(2a)).

The applicant above acknowledges that he/she has read the provisions of Chapter 5.72.030 of the Bellflower Municipal Code and will observe, abide by and be bound by such provisions:

Applicant (Please Print)          Date

Applicant Signature

*Separate Application required for each Fortune Teller
*Fortune Telling Permit (Permit Fee $500.00, If denied non-refundable)
*Business License Application Fee Varies (Refundable if denied)
*Business License Processing Fee (Approximately $61.00, non-refundable)

For Internal Use:

Date Received: ______________________________ By: ______________________________
Receipt #: ________________________________ Amount: ______________________________
Hearing Date: ______________________________ Approved: __________________________