



CITY OF SALEM, MASSACHUSETTS
FORTUNETELLING LICENSE APPLICATION

Date: _____ 20__

Please complete section A for an *individual* license. Please complete sections A and B for a *store* license. Please complete sections A and B for a *fair* license.

Section A:

STORE INDIVIDUAL FAIR

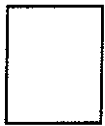
NAME OF OWNER: _____ ADDRESS OF OWNER: _____

CITY: _____ STATE: _____

BUSINESS NAME: _____ BUSINESS ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ HEIGHT/WEIGHT: _____

EYE/HAIR COLOR: _____ LENGTH OF DESIRED BUSINESS TIME: _____



Please insert a two inch by two inch picture of the applicant's head, face, and shoulders in a clear and distinguishing manner.

PLEASE GIVE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE SERVICES TO BE PROVIDED: _____

Please list a 5-year minimum employment history. (Continue on back if necessary.)

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

Please list your educational background.

SCHOOL/UNIVERSITY: _____ YEAR GRADUATED: _____

DEGREE EARNED: _____

Signature of Applicant: _____

NEW RENEWAL

S/ _____
SPECIAL INVESTIGATOR

FEE: \$50.00 (Individual)
\$25.00/day (Fair)

Section B:

The above applicant respectfully applies for approval of _____ licenses for store/fair employees engaged in Fortunetelling.

Employee #1

Fee: \$50.00

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____ HEIGHT/WEIGHT: _____

EYE/HAIR COLOR: _____ LENGTH OF DESIRED BUSINESS TIME: _____



Please insert a two inch by two inch picture of the applicant's head, face, and shoulders in a clear and distinguishing manner.

Please list a 5-year minimum employment history. (Continue on back if necessary.)

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

Please list your educational background.

SCHOOL/UNIVERSITY: _____ YEAR GRADUATED: _____

DEGREE EARNED: _____

Signature of Applicant: _____

Employee #2

Fee: \$50.00

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____ HEIGHT/WEIGHT: _____

EYE/HAIR COLOR: _____ LENGTH OF DESIRED BUSINESS TIME: _____



Please insert a two inch by two inch picture of the applicant's head, face, and shoulders in a clear and distinguishing manner.

Please list a 5-year minimum employment history. (Continue on back if necessary.)

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

Please list your educational background.

SCHOOL/UNIVERSITY: _____ YEAR GRADUATED: _____

DEGREE EARNED: _____

Signature of Applicant: _____

Employee #3

Fee: \$50.00

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____ HEIGHT/WEIGHT: _____

EYE/HAIR COLOR: _____ LENGTH OF DESIRED BUSINESS TIME: _____



Please insert a two inch by two inch picture of the applicant's head, face, and shoulders in a clear and distinguishing manner.

Please list a 5-year minimum employment history. (Continue on back if necessary.)

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____
LENGTH OF EMPLOYMENT: _____

COMPANY NAME: _____ ADDRESS: _____
PHONE NUMBER: _____ SUPERVISOR'S NAME: _____
LENGTH OF EMPLOYMENT: _____

Please list your educational background.

SCHOOL/UNIVERSITY: _____ YEAR GRADUATED: _____
DEGREE EARNED: _____

Signature of Applicant: _____

Employee #4

Fee: \$50.00

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____ HEIGHT/WEIGHT: _____

EYE/HAIR COLOR: _____ LENGTH OF DESIRED BUSINESS TIME: _____



Please insert a two inch by two inch picture of the applicant's head, face, and shoulders in a clear and distinguishing manner.

Please list a 5-year minimum employment history. (Continue on back if necessary.)

COMPANY NAME: _____ ADDRESS: _____
PHONE NUMBER: _____ SUPERVISOR'S NAME: _____
LENGTH OF EMPLOYMENT: _____

COMPANY NAME: _____ ADDRESS: _____
PHONE NUMBER: _____ SUPERVISOR'S NAME: _____
LENGTH OF EMPLOYMENT: _____

Please list your educational background.

SCHOOL/UNIVERSITY: _____ YEAR GRADUATED: _____
DEGREE EARNED: _____

Signature of Applicant: _____

Employee #5

Fee: \$50.00

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____ HEIGHT/WEIGHT: _____

EYE/HAIR COLOR: _____ LENGTH OF DESIRED BUSINESS TIME: _____



Please insert a two inch by two inch picture of the applicant's head, face, and shoulders in a clear and distinguishing manner.

Please list a 5-year minimum employment history. (Continue on back if necessary.)

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

COMPANY NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR'S NAME: _____

LENGTH OF EMPLOYMENT: _____

Please list your educational background.

SCHOOL/UNIVERSITY: _____ YEAR GRADUATED: _____

DEGREE EARNED: _____

Signature of Applicant: _____

Please use additional sheets if necessary.

Total Fee: _____

Before the Board of Licensing on _____

APPROVED

DENIED

ANY FALSE STATEMENT MADE ON THIS APPLICATION IS GROUNDS FOR DENIAL