



CITY OF SALEM, MASSACHUSETTS  
**LICENSING BOARD**  
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KIMBERLEY DRISCOLL  
 MAYOR

MELISSA PAGLIARO,  
 CLERK OF THE BOARD

**STORE FORTUNETELLING APPLICATION**

**NEW**

**RENEWAL**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 PHONE \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

BUSINESS INFORMATION

NAME OF STORE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_  
 BUSINESS PHONE # \_\_\_\_\_ STATE TAX I.D. # \_\_\_\_\_

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

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

\_\_\_\_\_  
 SIGNATURE OF APPLICANT DATED

**\*\*\* ANY FALSE STATEMENT MADE ON THIS APPLICATION IS GROUNDS FOR DENIAL \*\*\***

FEE: \$ \_\_\_\_\_ CORI COMPLETED: \_\_\_\_\_ CLEARED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

**\*\*\* PLEASE NOTE**

**\*\*\*YOU ARE ALLOWED UP TO FIVE ADDITIONAL READERS AT YOUR STORE. IF YOU ARE APPLYING FOR SUB-LICENSEES PLEASE HAVE THEM FILL OUT THE ATTACHED FORM AND SUBMIT TWO COPIES OF THEIR DRIVERS LICENSE OR MASS ID.**