



CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD
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MELISSA PAGLIARO,
 CLERK OF THE BOARD

INDIVIDUAL FORTUNETELLING APPLICATION

NEW

RENEWAL

NAME _____

DATE OF BIRTH _____

ADDRESS _____

BIRTHPLACE _____

CITY, STATE, ZIP _____

HEIGHT _____ WEIGHT _____

PHONE _____

EYES _____ HAIR _____

SOCIAL SECURITY # _____

MARRIED _____ SINGLE _____

HOW LONG HAVE YOU RESIDED IN SALEM? _____

PLEASE LIST A FIVE YEAR EMPLOYMENT HISTORY: **DO NOT LEAVE BLANK**

PLEASE LIST YOUR EDUCATIONAL BACKGROUND: **DO NOT LEAVE BLANK**

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: _____

LICENSE IS VALID FOR TWO YEARS FROM DATE OF APPROVAL UNLESS SOONER REVOKED BY THE LICENSING BOARD. INDIVIDUALS FT LICENSES CANNOT BE USED IN ANY BUSINESS.