



CITY OF PERRIS

Development Services Department
Business License Division
135 North "D" Street, Perris, CA 92570
TEL: 951-443-1029 FAX: 951-943-5065

BUSINESS LICENSE APPLICATION FORTUNE TELLING, PALMISTRY, ETC .

Perris Municipal Code Section 5.48 Ordinance Number 686

(Please type or print)

Applicant's Full Name: _____ Residence Phone: _____

Legal Residence Address: _____

Driver's License Number: _____ State of: _____ Expiration Date: _____

Social Security Number: _____ Place of Birth: _____ Date of Birth: _____

Description of Applicant: Race _____ Hair _____ Eyes _____ Height _____ Weight _____

Any distinguishing marks, scars or tattoos? (describe if applicable) _____

List any other aliases, nicknames, maiden names, and any other names used.

List previous residential residences during the last five (5) years, include dates of residence at each.

List any record of conviction you have for violations of the law, excluding minor traffic violations, including the nature thereof, where they occurred, and the sentence imposed.

List address, city and state, and the approximate dates where and when you practiced a similar business, either alone or in conjunction with others; and whether any such license had been revoked or suspended and the reason.

Employment history and/or business history during the last five (5) years.

Have you had your fingerprints taken at the Sheriff Department for processing by the State of California Department of Justice? _____. (Please note: Processing by the Department of Justice may take 6 to 8 weeks.)

Business Name: _____ Business Phone: _____

Business Address: _____
Street Address City State Zip

Mailing Address (if different) _____
Street Address City State Zip

Type of Ownership of Business (check one): _____ Sole Proprietorship _____ Partnership _____ Corporation

Owner(s)/Principal Officers Names, Titles & Addresses: _____

What are the estimated gross receipts of the business through the end of the calendar year? _____

List three references (unrelated by blood or marriage, residents of the state, & known for a minimum of 5 years).

PLEASE COMPLETE: I declare under penalty of perjury, that the information provided on the reverse side is true and correct this _____ day of _____, 20____, in _____ County.

Signature of Applicant _____

FOR OFFICIAL USE ONLY:

Applicant provided with a copy of P.M.C. Chapter 5.48 _____

Sheriff: _____

Recommends: Approval /Denial
(Attach Report)

Finance: _____

Recommends: Approval /Denial

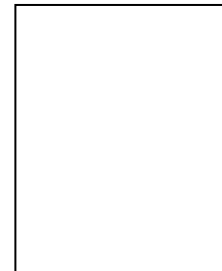
City Attorney: _____

Recommends: Approval /Denial

Issued License Number: _____ \$ _____ From: _____ To: _____ Date: _____

Investigation Fee: _____ New \$114
_____ Renew \$57

Applicant has provided two 2 x 2 photos _____



Rt. Index Finger