CITY OF SANTA CRUZ POLICE DEPARTMENT
APPLICATION FOR PERMIT TO PRACTICE METAPHYSICAL SCIENCES

COMPLETE ALL ITEMS ON APPLICATION, USE ADDITIONAL PAGES AS NECESSARY. TYPE OR PRINT LEGIBLY. EACH EMPLOYEE OR ASSOCIATE **MUST** COMPLETE A SEPARATE APPLICATION.

APPLICATION FEE: $140.00 NON REFUNDABLE

APPLICANT INFORMATION:

Name:

Date of Birth:_____ Place of Birth:

Driver's License Number:_____ State:

Residence Address:_____ Phone:

Name of Business:

Business Address:

Have you ever been arrested: Yes _____ No _____ If yes, please explain for each arrest:

Nature of Arrest Date Location Disposition

Have you ever practiced in any other city or state? Yes_____ No_____ Where?

Have you ever been refused, denied or had a license revoked? Yes _____ No_____ Explain

List all names you have used as a fortune teller:

List all residence addresses for the past five years:

Type of Metaphysical Science (palm reading, tarot cards, etc.)

(**Use Permit** MUST be obtained from City Planning prior to filling out application according to provisions of Municipal Zoning Ordinance.)

Use Permit Obtained: Yes_____ No_____ COPY TO BE ATTACHED TO APPLICATION

DECLARATION:

I have received a copy of Santa Cruz Municipal Ordinance Chapter 5.56 and am aware of the provisions, requirements, and restrictions contained therein. I understand that the falsification of any information in this application is grounds to deny or revoke this permit.

Signature_____ Date

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(- Official Use Only -)

ATTENTION: Please check for departmental regulations and requirements and mark the appropriate space before forwarding to the next department. This form is dated and total processing thereof **must** be accomplished within 30 days per 5.44.10 of the Santa Cruz Municipal Code. Your promptness in this matter is appreciated.

Department	Approved	Not Approved	Reviewed By	Date	Remarks
Finance					
Planning					
Building					
Sanitation					
Fire					
Police					

POLICE INVESTIGATION

APPROVED BY:_____ DATE:

DISAPPROVED BY:_____ DATE:

PERMIT CONDITIONS:

Date Permit Mailed:_____Initials: