



CITY OF NOVATO
75 Rowland Way #200
Novato, CA 94945-5053
(415) 899-8917

Date:

Case#:

Business Lic #

APPLICATION FOR PERMIT

FORTUNE TELLING, PALMISTRY, OCCULT ARTS ESTABLISHMENT (Complete Parts A,B,& D)

BINGO PERMIT (Complete Parts A, B, C, &D)

Initial Application

Application for Renewal

PART A. – BUSINESS/ORGANIZATION INFORMATION

1. Business/Organization Name: _____ Business Phone: () _____

Business Address: _____ City: _____ St.: _____ Zip: _____

2. Applicant's Name: (Last, First MI) _____

Date of Birth: _____ Driver's License #: _____ Home Phone: _____

All other names known by: _____

Home Address: _____ City: _____ St.: _____ Zip: _____

Past Address: _____

3. Exact nature of services to be performed: _____

4. Person(s) who will have direct authority (Owner): and/or control of premises:

Name (Last, First, MI): _____ DOB: _____ Phone: _____

Person(S) who will have direct control of premises:

Name (Last, First, MI): _____ DOB: _____ Phone: _____

5. Previous related business experience of applicant and owner:

Previous Dates: _____ Business Name: _____ Address: _____

PART B. – CORPORATION/PARTNERSHIP INFORMATION (If applicable)

1. Corporation Name: _____ Date/Place of Incorporation: _____
 Business Address: _____ City: _____ St.: _____ Zip: _____

2. Officers, Directors, and/or Stockholders owning more than 5% of Corp. Stock

Name and Title	Home Address	DOB	Phone#
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Partners:

4. Name and Title	Home Address	DOB	Phone#
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART C. – BINGO PERMIT

Applicant agrees to conduct Bingo Games in strict accordance with the provisions of Section 326.5 of the California Penal Code. Further, the applicant acknowledges that the applicant organization qualifies under Federal and State law as a non-profit organization and agrees to provide copies of such determination by the Franchise Tax Board and Internal Revenue Service (attach copies).

1. Location game(s) to be held:

Address: _____ City: _____ St.: _____ Zip: _____

2. Days of week games conducted: (Circle Days) Su M T W Th F Sa

3. Hours of Day games conducted:

4. Date(s) games conducted: (Beginning Date/Recurrence in month)

PART D. – CRIMINAL CONVICTIONS

1. Have any applicant, partner, officer, director, operator or stockholder owning more than 5% of corporation stock ever been convicted or any crime except misdemeanor traffic violations?

Yes No

2. If yes, explain below:

Name	Charges	Date/Court	Disposition/Sentence
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_____	_____	_____	_____
_____	_____	_____	_____

PART D. – CRIMINAL CONVICTIONS Continues:

3. Has applicant ever been denied, suspended, or had revoked a license/permit for a practice covered by Novato City Ordinance 659 (Palmistry) or 717 (Bingo)? Yes No

4. If yes, indicate place and date:

I certify that the information provided in this application is true and complete, knowing that any false or intentionally deleted information will be cause for rejection of application. I have reviewed the City of Novato's Municipal Code Section 8-5 (Fortune telling, Palmistry and Occult Arts) or Section 8-2 (Bingo Games) and fully understand the provision set forth therein.

Signature

Date

Print Name

Department Use Only

Routing of application:

- a. City Manager _____
- b. City Attorney _____
- c. Police Department _____
- d. Building Inspection _____
- e. Novato Fire District _____

Upon completion of required review by above departments this application is to be signed by Department Head, or designee and returned to:

City of Novato
Finance Department
75 Rowland Way, #200
Novato, CA 94945-5054

I have reviewed this application and have found no reason to deny issuance of permit.

Department Head

Application Fee: _____

Business License Fee: _____

Police Permit Fee: _____

Date: _____

Receipt # _____