

**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: \$292.00 New - \$157.00 Renewal 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
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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: