



**CITY OF FALL RIVER
LICENSING
1 Government Center, Room 522
Fall River, MA 02722
(508) 324-2530**

**APPLICATION FOR A FORTUNE TELLER LICENSE
(new/renewal)**

Date: _____

To the Licensing Authorities;

The undersigned hereby applies for a License in accordance with the provisions of Chapter 140 of the General Laws as amended by Section 185.

APPLICATION INFORMATION

Applicant's Name: _____
Full name of person, firm or corporation making application

Business Name: _____

Business Address: _____
in said City of Fall River in accordance with the rules and regulations make under authority of said Statutes

Signature of Applicant _____ **Date of Birth:** _____
If new applicant

Home Address: _____
Street City Zip

Telephone #: _____

Pursuant to MGL c. 62C § 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

I further certify under the penalties or perjury, that I have paid all taxes or other accounts payable to the City of Fall River.

Signature of Applicant _____ **Date:** _____

by: Corporate Officer (if applicable) _____

Social Security # or Federal ID # _____