## CITY OF NEWPORT

## APPLICATION FOR FORTUNETELLER'S LICENSE

NAME		
HOME ADDRESS	TEL. #	
MAILING ADDRESS		
BUSINESS ADDRESS		
D/B/A_		
PLACE OF BIRTH	BIRTHDATE_	AGE
EXPERIENCE & QUALIFICATIONS		
FORMER BUSINESS		
ADDRESS		
REFERENCES ATTACHED FROM 3 NEWPO		NERS:
1		
2		
3		
(APPLICANT	SIGNATURE)	
STATE OF RHODE ISLAND NEWPORT, Sc.		
Sworn and subscribed to be before this	day of	A.D
NOTAR'	Y PUBLIC	-
My Commission Expires		
Office U		
License Fee \$	Date Paid	
License issued by	Date Issued	
ACTION BY COUNCIL	ACTION DATE	