



Charlotte County Building Construction Division

**Fortune Teller License Application**

Charlotte County Community Development Building  
18400 Murdock Circle  
Port Charlotte, FL 33948  
941.743.1201 941-743-1220

*"To be the energy in making Charlotte County a beautiful and enriching place to live"*

Owner's Name: \_\_\_\_\_

Have you ever been known by any other name? \_\_\_\_\_

Physical Description: Race: \_\_\_\_\_ Gender \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Last Four (4) digits of Social Security #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

Home Address: \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Previous work experience for last three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the Name, Address, Date of Birth, Florida Drivers License Number and last four (4) digits of Social Security

Number of whom you will be employed by or working in association with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If you answered yes, provide the date, location of the conviction and type of crime. \_\_\_\_\_

Have you ever held a similar license or permit that was suspended or revoked? \_\_\_\_\_ If yes, provide the date and location of the revocation or suspension. \_\_\_\_\_

**APPLICATION FOR PERMIT TO PURCHASE A LICENSE FOR THE FOLLOWING CATEGORIES: FORTUNE TELLER, CLAIRVOYANT, PALMIST, ASTROLOGER, PHRENOLOGIST, CHARACTER READER, SPIRIT MEDIUM, ABSENT TREATMENT HEALER, OR OCCUPATION OF SIMILAR NATURE.**

DATE \_\_\_\_\_

Pursuant to Charlotte County Code Section 1-10-361, I the undersigned applicant, hereby make application to the Board of County Commissioners of Charlotte County, Florida, for a permit to purchase a License to engage in the occupation specified below in Charlotte County, Florida, during the license year ending on September 30, 20\_\_\_\_, and to induce the Licensing Division to order such permit issued to me, I state and represent the following:

1. My name is \_\_\_\_\_
2. I have never been known by any other name, nor has my name ever been legally changed, except as follows: \_\_\_\_\_
3. My present address is \_\_\_\_\_
4. The last four digits of my Social Security number are: \_\_\_\_\_
5. My Florida driver's license number is \_\_\_\_\_
6. I am a resident of Florida or I have a permanent place of business in Charlotte County, Florida.      Resident    Yes/No      Permanent Business      Yes/No (if yes, complete below)  
Address \_\_\_\_\_
7. I have never been convicted of any crime except as follows: (include date, location and type of crime) \_\_\_\_\_
8. I make application for a permit to purchase a License to engage in the occupation of \_\_\_\_\_
9. I have been engaged in that occupation during the periods and at the addressees following, and have never engaged in that or similar occupation except as recited: \_\_\_\_\_
10. The name of the business and business partners the applicant will be employed by or associated with are:  
Business Name \_\_\_\_\_  
Business Partner ( ) \_\_\_\_\_

11. I have no other occupation except as follows: \_\_\_\_\_

12. I am \_\_\_\_\_ Years old, having been born at \_\_\_\_\_  
on (date of birth) \_\_\_\_\_

13. I am of the \_\_\_\_\_ race \_\_\_\_\_ gender \_\_\_\_\_  
height \_\_\_\_\_ weight \_\_\_\_\_ hair color \_\_\_\_\_  
eye color.

14. If there should be a change in any of the information contained in the application I shall be responsible for notifying the Charlotte County Licensing Department in writing within three (3) business days.

**15. My recent photograph and background check are attached to this application or will follow as required by code.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of: \_\_\_\_\_  
20 \_\_\_\_\_ by \_\_\_\_\_  
(applicant name),  
who is/are personally known to me or has /have produced \_\_\_\_\_  
As identification and who did/did not take an oath.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
Commission Number



**BUILDING CONSTRUCTION DIVISION**

**Licensing Division**

18400 Murdock Circle, Port Charlotte, FL 33948

Phone: (941) 743-1201 FAX: (941) 743-1213

*"To be the energy in making Charlotte County a beautiful and enviable place to live"*

**PERMIT TO OPERATE**

ISSUED TO: \_\_\_\_\_

LOCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

\*\*\*\*\*

Having applied for and met all requirements to operate as a fortune teller pursuant to Charlotte County Code 1-10-361, \_\_\_\_\_  
Is hereby issued a "Permit to Operate".

This permit may not be sold, transferred, assigned, leased, encumbered, or otherwise disposed of with or without consideration.

\_\_\_\_\_  
**Shawn Horton**  
**Code Compliance Manager**

\_\_\_\_\_  
EXPIRATION: September 30, 2\_\_\_\_



## Charlotte County Community Development Permitting and Contractor Licensing

18400 Murdock Circle, Port Charlotte, FL 33948

Phone: (941) 743-1201

FAX: (941) 764-4907

[www.charlottecountyfl.com](http://www.charlottecountyfl.com)

*"To Exceed Expectation in the Delivery of Public Services"*

A criminal history check is required for all applicants for Fortune Tellers. The applicant must arrange for this check to be completed by the Florida Department of Law Enforcement (<https://web.fdle.state.fl.us/search/app/default>) & emailed to Shawn.Horton@CharlotteCountyFL.gov. Your application will not be deemed complete until the criminal background check is received. Upon approval of the background check, you will be notified to return to the Community Development Department to receive your Permit to Operate to bring to the Tax Collector's office to receive your Local Business Tax Receipt.