



# **Licensing Board for the City of Boston**

**One City Hall Square, Room 809, Boston, Massachusetts 02201 617-635-4170 Fax: 617-635-4742**

**Commissioners:**

*Daniel F. Pokaski, Chairman*

*Joseph I. Mulligan*

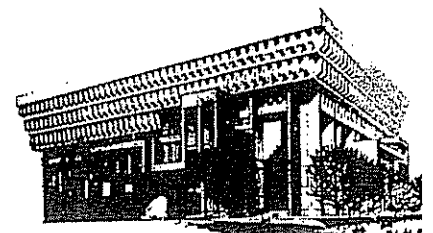
*Michael J. Connolly*

**Executive Secretary:**

*Jean M. Lorizio*

## **INSTRUCTIONS** **FOR A NEW FORTUNE TELLER'S LICENSE**

1. Complete and file the application along with a letter from the landlord of your premise that you are allowed to use the premise for the purpose of a Fortune Teller's License.
2. Speak with the local Neighborhood Association and the City Councillor for the area/neighborhood.
3. Notify the Abutters and the people directly across the street from the location. If you are located on the corner you need to notify the people across the street on both streets. A list of abutters may be obtained from the Assessing Dept. on the 3<sup>rd</sup> floor of City Hall in room 301. **Abutters must be notified by Certified Mail.**
4. **Appear at the Licenseing Board Hearing.** Bring proof of certified mail, return of service receipts on the day of the hearing. The license application will not be acted upon without the return of service receipts.
5. An advertising fee of \$170.00 made payable to the Boston Herald is due when filing your application.
6. Annual fee is **\$50.00** for a Fortune Teller's License.



LICENSING BOARD FOR THE CITY OF BOSTON

Room 809, City Hall, Boston, MA 02201

APPLICATION FOR A LICENSE TO BE A  
FORTUNE TELLER, Ch. 140, Sec. 185I

DATE \_\_\_\_\_ 20\_\_\_\_\_

The undersigned respectfully make application for a license, to be exercised on the following described premises:

Location of premises \_\_\_\_\_

Description of premises \_\_\_\_\_  
\_\_\_\_\_

Is this a residential or a commercial space? \_\_\_\_\_

To whom do you pay rent? \_\_\_\_\_

How long have you been a resident of the area? \_\_\_\_\_

What types of fortune telling services will you be providing? (please list) \_\_\_\_\_  
\_\_\_\_\_

What types of advertising will you use? \_\_\_\_\_

Will you have signs posted with the name of the business? [ ] Yes [ ] No If yes, describe the type of sign and the location on the building \_\_\_\_\_  
\_\_\_\_\_

At what hour do you wish to open? \_\_\_\_\_

At what hour do you wish to close? \_\_\_\_\_

How much will you charge for the various services which you will be providing? \_\_\_\_\_  
\_\_\_\_\_

Business name (D/B/A) if different \_\_\_\_\_

Applicant's Name (Printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Tel. No. \_\_\_\_\_

Home Address \_\_\_\_\_ ZIP Code \_\_\_\_\_

BUILDING DEPARTMENT CLEARANCE

APPLICANT MUST NOT FILL THE BLANKS BELOW

FORTUNE TELLER

Date Issued \_\_\_\_\_

License No. FRTNE \_\_\_\_\_

Date Expires \_\_\_\_\_

Ward \_\_\_\_\_ Prec. \_\_\_\_\_ Div. \_\_\_\_\_

Date Expires \_\_\_\_\_

Tel. No. \_\_\_\_\_

HEALTH CLEARANCE

Name \_\_\_\_\_

Date Issued \_\_\_\_\_

Address \_\_\_\_\_

Board's Action

GRANTED \_\_\_\_\_

REJECTED \_\_\_\_\_

Rec'd By \_\_\_\_\_ Fee \_\_\_\_\_

Receipt No. \_\_\_\_\_



**LICENSING BOARD FOR THE CITY OF BOSTON**  
1 City Hall Sq., Room 809, Boston, MA 02201

**LICENSEE MANAGER PERSONAL INFORMATION FORM**

**THIS FORM MUST BE COMPLETED FOR EACH:**

- NEW LICENSE APPLICANT
- APPOINTMENT OR CHANGE OF MANAGER
- TRANSFER OF LICENSE

Please type or print all information  
All questions must be answered and telephone numbers provided or application will not be accepted.

1. LICENSEE NAME: \_\_\_\_\_  
(Name as it will appear on the license)

2. NAME OF (PROPOSED) MANAGER: \_\_\_\_\_

3. SOCIAL SECURITY NUMBER: \_\_\_\_\_

4. HOME ADDRESS: \_\_\_\_\_

5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).

DAY TIME # \_\_\_\_\_ HOME # \_\_\_\_\_

6. REGISTERED VOTER: \_\_\_ YES \_\_\_ NO

7. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: \_\_\_\_\_

9. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: \_\_\_\_\_  
Proposed Manager Signature

\_\_\_\_\_ Date

CONFIDENTIAL

LICENSING BOARD FOR THE CITY OF BOSTON  
Room 809, City Hall, Boston, Mass. 02201

DATE: \_\_\_\_\_ 20, \_\_\_\_\_

CRIMINAL RECORD INFORMATION FORM

Managers, Stockholders, Officers and Directors of Corporation and Others

NAME OF CORPORATION \_\_\_\_\_  
NAME \_\_\_\_\_ ALIAS, IF ANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
BIRTHPLACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
HUSBAND OR WIFE'S NAME \_\_\_\_\_

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. . . and such offenses were disposed of ten or more years prior to the filing of this application. . . you may be considered to have "NO RECORD" for the purpose of furnishing this department information as to your criminal record.

I \_\_\_\_\_ APPLICANT FOR A  
\_\_\_\_\_ LICENSE IN THE  
CITY OF BOSTON, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR  
VIOLATION OF A STATE OR FEDERAL NARCOTIC LAW.

I \_\_\_\_\_ do hereby state  
THAT I HAVE NO RECORD OF CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL  
COURT EXCEPT THOSE LISTED AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ do hereby state  
THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL  
VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS  
FOLLOWS:

\_\_\_\_\_

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS

PRINT LAST NAME \_\_\_\_\_

\_\_\_\_\_ DAY, OF \_\_\_\_\_, 20 \_\_\_\_\_ BY: \_\_\_\_\_

ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE  
FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE  
APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT

LICENSING BOARD FOR THE CITY OF BOSTON  
Room 809, City Hall, Boston, Mass. 02201

Date \_\_\_\_\_ 20 \_\_\_\_\_

AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS

To the Licensing Board  
For the City of Boston:

I \_\_\_\_\_ hereby certify that the following is a true list  
Of the persons shown upon the Assessor's most recent valuation list as the owners of the property  
abutting the proposed location for an alcoholic beverages license at \_\_\_\_\_.

And that the following schools, churches or hospitals are located within a radius of five hundred  
(500) feet from said proposed location:

If there are none, please so state \_\_\_\_\_.

I also certify that notice of this application/petition concerning an alcoholic beverages license was  
given to the above by mailing to each of them within three days after publication of the same, a  
copy of the advertisement of said application/petition, a copy of which advertisement is attached  
below. Also attached are the registered receipts/return registered receipts bearing signatures of  
persons receiving said notice.

Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_\_ day  
of \_\_\_\_\_, 19\_\_\_\_\_.

Printed: \_\_\_\_\_.

Written: \_\_\_\_\_  
(authorized individual, manager or corporate officer)

ATTACH ADVERTISEMENT  
AND RECEIPTS HERE

Notary Public \_\_\_\_\_.

My Commission expires \_\_\_\_\_ 20\_\_\_\_\_.

## INSTRUCTIONS FOR NOTIFICATION TO ABUTTER

1. Go to Engineering Office in the Assessing Department to find out which parcels of real estate abut the licensed premises and whether or not there are any schools, churches or hospitals within 500 feet of the premises. The Engineering Department is located in room 301, City Hall
2. From the Assessors most recent list, find out the names and mailing addresses of the abutters and others.
3. List the abutters and others on the other side of this form.
4. When the legal notice is published the newspaper will mail several copies of the advertisement to you. Upon receipt of these "tear slips" you should send one by certified mail return receipt requested to each of the persons or organizations listed.
5. Bring this completed form to the hearing along with the post office Receipts and the return receipts which are mailed back to you.