



# APPLICATION FOR FORTUNETELLING

City of Steubenville  
Planning and Zoning Commission  
115 South Third Street, Suite 108  
Steubenville OH 43952  
(740) 283-6000 extension 1700

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No: \_\_\_\_\_  
Expires: \_\_\_\_\_

## APPLICATION FOR FORTUNETELLING LICENSE Chapter 725 Codified Ordinance – City of Steubenville

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Address(es) previous five years, if different from above: \_\_\_\_\_

**FEE: \$100.00 (One Hundred Dollars) for each month or part thereof that the applicant intends to represent himself to be an astrologer, fortuneteller, clairvoyant or palmister.**

**The following information is necessary to conduct required Police check:**

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Form of photo ID (i.e., driver's license) \_\_\_\_\_

Description of goods or services offered: \_\_\_\_\_

\_\_\_\_\_

Location and dates where you have conducted business over the past 18 months: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

) State of:

) County of:

\_\_\_\_\_, being duly sworn, states that he/she is the individual making the foregoing application for license; that the information contained herein is true to his/her own knowledge and belief; and that he/she signed the foregoing application for or on behalf of himself/herself or

\_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_ My Commission expires: \_\_\_\_\_

Notary Public

Return signed/notarized application with applicable fees to **Planning & Zoning's Office, 308 Market Street, Steubenville, OH 43952**