CITY OF ALTON ILLINOIS
OFFICE OF THE CITY TREASURER

(618) 463-3500 | Fax (618) 463-3520
101 East 3rd St. | Room 102 | Alton, Illinois 62002
CITYOFALTONIL.GOV

APPLICATION FOR FORTUNE TELLING PERMIT

Pursuant to Title 4, Chapter 6, Section 4-6I-4, Alton City Code, Alton, Illinois, I hereby apply for a permit to operate a fortune telling business in the City of Alton, Illinois:

TYPE OF OWNERSHIP: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other

BUSINESS NAME: _____

BUSINESS ADDRESS AND PHONE NUMBER(S): _____

_____

(If building from which business is operated is to be leased, state the name and address of the building owner)

NAME OF APPLICANT: _____ **DATE OF BIRTH**: _____

ADDRESS: _____

E-MAIL: _____

RESIDENCE TELEPHONE NUMBER: _____ **SSN**: _____

AGE: _____ **SEX**: _____ **HEIGHT**: _____ **WEIGHT**: _____ **HAIR COLOR**: _____ **EYE COLOR**: ____

PROVIDE NAMES AND ADDRESSES OF THREE (3) REFERENCES, OTHER THAN RELATIVES OR BUSINESS ASSOCIATES. (Must be residents of Madison County, Illinois):

_____

_____

_____

PREVIOUS BUSINESS AND HOME ADDRESSES WITHIN THE PAST FIVE (5) YEARS:

_____

_____

* *Attach two (2) front face photographs of the applicant taken within thirty (30) days from date of the application.*
** *A complete set of fingerprints shall be taken, and retained on file by the Chief of Police or his authorized representative.*

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT.

_____ _____

Signature Date