



THE COUNTY OF CHESTERFIELD VIRGINIA
CHESTERFIELD COUNTY POLICE DEPARTMENT
10001 IRON BRIDGE ROAD, CHESTERFIELD, VA 23832

APPLICATION FOR FORTUNE TELLER PERMIT

Application Fee: \$27.00, payable to the Treasurer of Chesterfield County.

Applicant's Full Legal Name _____
Last Name, First Name Middle Name

Maiden Name (where applicable): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Cell Telephone: _____

Social Security Number: _____

Place of Birth (City and State): _____

Date of Birth: _____ Sex: Male Female Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Previous Addresses for the Past Ten Years:

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you, within the past 12 months, been addicted to the use of alcoholic beverages, drugs or other forms of narcotics? No Yes (Give full details):

I hereby certify that there are no willful misrepresentations in or falsifications of the statements and answers to questions in this application. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for a Fortune Tellers Permit.

Applicant's signature: _____ Date: _____

I, _____, being duly sworn, depose and say: Each of the several foregoing statements and answers to questions subscribed by me are true, except such as are made upon information and belief, and as to these, I believe the same to be true.

Applicant's Signature _____

Subscribed and sworn to before me, this _____ day of _____, 20 _____.

My Commission Expires _____ Notary Number: _____

APPROVED: Yes No

Date: _____



THE COUNTY OF CHESTERFIELD VIRGINIA
Chesterfield County Police Department

APPLICATION FOR FORTUNE TELLER PERMIT

Date: _____

To: Chesterfield County Police Department
Police Personnel Unit, Room 153
P.O. Box 148
Chesterfield, VA 23832-0911

Reference: Character and Reputation of _____

We, the undersigned, freely and willingly state that _____ is a person of good character and reputation. We also know of the applicant as being of good morals and behavior. The applicant is honest and reliable and we know of nothing detrimental or derogatory in his or her background. We are happy to extend this reference to anyone who desires or requests it. Also, the applicant currently maintains a permanent residence in Chesterfield County.

<u>Print Name</u>	<u>Signature</u>	<u>Contact Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Chesterfield County, Virginia Police Department

10001 Iron Bridge Road – P.O. Box 148 – Chesterfield, VA 23832
Phone: (804) 748-1547 – Fax: (804) 768-0172 – Internet: chesterfieldpd.gov



COLONEL JEFFREY S. KATZ
Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Chesterfield County Police Department whether the said records are of public, private or confidential nature.

The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Chesterfield County Police Department to consider in determining my suitability for this permit or license. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for this permit or license.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date

Signature (sign before a notary public)

Commonwealth of Virginia, County of Chesterfield.

Acknowledged before me this _____ day of _____, 20_____.

Notary Public Signature

Notary Number

Commission Expiration Date



THE COUNTY OF CHESTERFIELD VIRGINIA
CHESTERFIELD COUNTY POLICE DEPARTMENT

CRIMINAL RECORD REQUEST

Unit Number _____

Employment Permit

Print all the requested information CLEARLY.
If an item of information is not applicable, print "N/A" in the item space.

Last Name _____ First Name _____ Full Middle Name _____

Month	Day	Year

Alias and/or Nickname _____ Date of Birth _____ Social Security Number _____

Place of Birth (City/Town) _____ State of Birth _____ Country of Birth _____

Current Driver's License Number _____ State of Issue _____ Race _____ Sex _____ Age _____

Feet _____ Inches _____

Previous Driver's License Number _____ State of Issue _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ Complexion
(Light, Med, Dark or Olive)

Current Home Address _____ City _____ State/Country _____ Zip Code _____

Previous Home Address _____ City _____ State/Country _____ Zip Code _____

Home Phone Number _____ Business Phone Number _____ Cell Phone Number _____

Email Address _____

ARTICLE XI. - FORTUNE-TELLERS

Sec. 15-246. - Fortune-tellers.

(a) Every person desiring a business license to operate as a fortune-teller (as defined in chapter 6) shall first apply for and obtain a permit from the chief of police, or his designee, to conduct such activity. Nothing contained in this section shall apply to a person pretending to act as a fortune-teller in a properly-licensed theater as part of any show or exhibition presented therein or as a part of any play, exhibition, fair or show presented or offered in aid of any benevolent, charitable or educational purpose.

(b) The permit application shall include, but not be limited to, the following:

(1) Name, alias or nicknames, resident and business address, phone number, place and date of birth, Social Security Number, race, sex, age, height, weight, hair color and eye color.

(2) Written authorization to conduct a background investigation of the applicant, including fingerprints and personal descriptive information for the purpose of obtaining criminal history record information, the costs of which shall be borne by the applicant. The fingerprints shall be forwarded to Virginia State Police for processing through the Central Criminal Records Exchange to the Federal Bureau of Investigation as authorized by Code of Virginia, § 15.2-1503.1. The costs of the background investigation as set by the Virginia State Police shall be paid to the treasurer of the county when the application is filed.

(3) Written declaration, dated and signed by the applicant, certifying that the information contained in the application is true and correct.

(c) The chief of police, or his designee, shall conduct an independent investigation and determine whether the statements contained in the application are true. The applicant shall also present such application to the commissioner of the revenue.

(d) The applicant shall not be issued a permit if the county's investigation or the information furnished in compliance with this article shows that the applicant has been convicted within the last ten years from the date of the application of a felony or any other crime materially affecting the applicant's ability to conduct the permitted activity including a crime involving moral turpitude, or has been denied a permit or has had a permit revoked under any statute or ordinance similar in substance to the provisions of this article. In addition, each application shall be reviewed by the county departments charged with enforcing the business license, zoning, building, plumbing, utility, health, electric and fire prevention codes, as needed, and no permit shall be issued if the applicant's business in the county does not comply with these and any other applicable county or state laws or regulations.

(e) The chief of police, or his designee, may revoke or suspend any permit issued pursuant to this article (i) for fraud, misrepresentation or any false statements contained in the application; (ii) upon conviction of the applicant for any felony or misdemeanor involving moral turpitude after the permit is issued; (iii) for failure to comply with the provisions of this article; or (iv) if the applicant's business fails to comply with applicable county or state laws or regulations.

(f) If the chief of police, or his designee, revokes a permit, he shall notify the permittee in writing of such action, the reasons for the revocation, and the permittee's right to request a hearing. To receive a hearing, the permittee must make a written hearing request which must be received by the chief of police, or his designee, within ten days of the date of the revocation notice. If a timely hearing request is not received by the chief of police, or his designee, the decision shall be final. If a hearing is properly requested, it shall be held within ten days from receipt of the hearing request. The hearing shall be presided over by the chief of police or his designee. The permittee shall have the right to present evidence and argument or to have counsel do so. Within a reasonable time after the hearing, the chief of police, or his designee, shall render his decision which shall be final. The permittee must discontinue operation of its business when the decision to revoke the permit becomes final.

(Ord. of 10-28-98, § 3; Ord. of 2-24-10(1), § 1; Ord. of 7-25-12, § (2); Ord. of 9-27-17(2))

Secs. 15-247—15-249. - Reserved.