



# Licensing Board for the City of Boston

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## **INSTRUCTIONS FOR FORTUNE TELLER LICENSES**

(Revised 8/2023)

### **License Rules**

- Fortune Teller Licenses are issued to **an individual** for a particular location and only allow that individual to operate under the License for that particular location. If the person is telling fortunes at multiple locations within the City of Boston, that person must obtain a License for each location. If other persons are telling fortunes at the same location, those persons must obtain their own License.
- Fortune Teller Licenses are not transferrable or assignable. Each person telling fortunes at a particular location must obtain a Fortune Teller License in their name.
- Fortune Teller Licenses are effective from May 1st of a given year through April 30th of the following year. They must be renewed annually by the end of April. Licenses not properly renewed are subject to late fees, suspension and/or cancellation. Annual fees are \$50.
- All persons licensed as Fortune Tellers must comply with the [Rules of the Board](#) and the laws of the Commonwealth of Massachusetts.

### **Application Steps**

1. **Community Process** -Contact your neighborhood liaison and meet with the local Neighborhood Association ([www.boston.gov/ons](http://www.boston.gov/ons)) and speak with the District City Councilor (<https://www.boston.gov/departments/city-council>). This should be done prior to the hearing before the Licensing Board. (This can be done simultaneously with #2)
2. Please complete and submit this application with **all** of the documents from the checklist below. **Incomplete or illegible applications will NOT be accepted. Once completed, you may email it to [LicensingBoard@boston.gov](mailto:LicensingBoard@boston.gov) and [Nancy.Mickiewicz@boston.gov](mailto:Nancy.Mickiewicz@boston.gov).**
3. **Application Document Checklist:**
  - Copy of the lease agreement (in the business entity/applicant's name with address) or deed
  - An 8 ½ x 11 floor plan
  - Completed Personal Information Form(s)
  - Criminal Record Information Form(s) for the applicant, owner(s) of the business, manager of the business, and all employees of the business
  - Copy of the Licenses for all other Fortune Tellers at that location
  - Copy of the Certificate of Occupancy from the City of Boston's Inspectional Services Department at 1010 Massachusetts Avenue
4. **Notify the Abutters** – A Licensing staff person will send you further instructions regarding the abutter's notification, legal ad, and hearing.
5. **Appear at the Licensing Board hearing.**
6. **Receive Licensing Board decision:** If the License is granted, a link to pay licensing fees will be emailed to you. The License will be emailed to you once paid, and must be posted at the place of business in a conspicuous place prior to being able to operate.

**APPLICATION FOR A FORTUNE TELLER'S LICENSE**

1. Name of Entity (Individual/Corporation): \_\_\_\_\_
2. Doing Business As (d/b/a): \_\_\_\_\_
3. Physical Business Address : \_\_\_\_\_  
 City: \_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_
4. Business Phone No: \_\_\_\_\_
5. Business Tax EIN Number: \_\_\_\_\_
6. Business Contact Email Address: \_\_\_\_\_
7. Manager of Record: \_\_\_\_\_
8. Manager Phone No.: \_\_\_\_\_
9. What is the expected opening date? \_\_\_\_\_
10. Hours of Operations (Specify days of week along with the opening and closing hours):  
 \_\_\_\_\_  
 \_\_\_\_\_

11. List All Services which will be provided. Please use additional pages if needed.

<b>Service Type</b>	<b>Price (\$)</b>

**STATEMENT OF APPLICANT:** Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application. I affirm that I have read and understand the instructions provided.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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**For the Board's Official Use Only**  
**GRANTED                      REJECTED**

**Restrictions/Conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL INFORMATION FORM**

**Instructions: All owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business must submit a copy of this form.**

Entity Name: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your title as it relates to the business/license: \_\_\_\_\_

Describe your interest in the business/license: \_\_\_\_\_

Place of current employment: \_\_\_\_\_

Employment for the last five years:

Dates	Position	Employer	Employer Address

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



**Criminal Record Information Form**

Name: \_\_\_\_\_  
Alias(es), if any: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Name of Corporation/Licensee/Business: \_\_\_\_\_  
Address of Corporation/Licensee/Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*If you have any record of misdemeanors including, but not limited to, drunkenness, simple assault, speeding, minor traffic violations, and 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 purposes of furnishing this department information as to your criminal record.*

I, (print your name) \_\_\_\_\_, applicant for a (print type of license you are requesting) \_\_\_\_\_ in the City of Boston, hereby state I have not been convicted for violation of a State or Federal narcotic law.

I, (print your name) \_\_\_\_\_, do hereby state that I have no record of criminal convictions in any State or Federal Court except those as listed as below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, (print your name) \_\_\_\_\_, do hereby state that I have no pending criminal charges for any criminal violations in any State or Federal Court except as those listed below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_.**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**\*\* Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any Licensee granted to the applicant or Corporation in which he/she is a principal or agent.**