



**Town of Braintree**  
BOARD OF LICENSE COMMISSIONERS  
One JFK Memorial Drive  
Braintree, MA 02184  
Telephone: (781) 794-8151 Fax: (781) 794-8305

**APPLICATION  
FOR FORTUNE TELLER LICENSE**

**Lic #** \_\_\_\_\_ (do not fill in)

**Application Fee: \$75**  
**License Fee: \$50.00**

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

**(PLEASE PRINT THE FOLLOWING INFORMATION)**

**NAME OF APPLICANT:**

**ADDRESS:**

**TELEPHONE:** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**NAME OF BUSINESS:**

**BUSINESS ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**NAME OF MANAGER:**

**MAILING ADDRESS FOR RENEWAL APPLICATIONS & LICENSES** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_

I, the undersigned, state the information provided in this application is true and accurate to the best of my knowledge. Furthermore, I certify under the penalties of perjury, that all taxes, fees, and fines owed to the Town of Braintree and to the Commonwealth of Massachusetts have been paid.

\_\_\_\_\_  
**Applicant's Signature**





**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

**DO NOT FILL IN THE INFORMATION BELOW\***

The above information was verified by reviewing the following form(s) of government-issued identification:

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

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*