



**CITY OF DANIA BEACH**  
FINANCE DEPARTMENT  
LOCAL BUSINESS TAX RECEIPT DIVISION

**INTEROFFICE MEMORANDUM**

TO: Detective Connie Y. Bell *CMB*  
Broward Sheriff's Office – Crime Prevention Unit – Dania Beach District

THRU: Mark Bates  
Finance Director

FROM: Megan Jelaso  
Revenue Coordinator

RE: Request Background Check for Palmistry/Fortuneteller  
Local Business Tax – Psychic Vision Center at 4409 Stirling Rd

DATE: May 10, 2013

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A request has been made for renewal of a local business tax receipt for a Palmistry/  
Fortuneteller license. Section 12.5-2 of the Dania Beach Code of ordinances indicates  
such a license is to be granted or reviewed by the City Commission on an annual basis.

The Renewal concerns the license of Psychic Vision Center at 4409 Stirling Road. The  
applicant will be given notice that a hearing will held before the City Commission  
meeting once this request is completed.

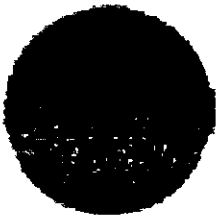
Section 12.5-2 (d) lists the criteria by which the City Commission may refuse or revoke  
renewal of a Fortuneteller's license. One of the steps in obtaining renewal is for the  
Chief of Police to check for any violations as stated in Section 12.5-2 (d). A copy of the  
code section is attached.

In order to process this request to be heard before the City Commission meeting, the  
background check for any/stated violations would need to be completed by **May 30,**  
**2013.** Please contact us should you have any questions.

Attachment

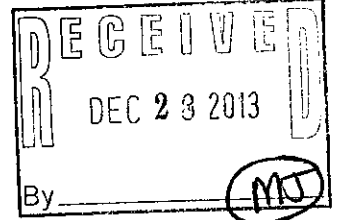
mj

*No Issues w/  
Code (re)*



**CITY OF DANIA BEACH**  
**Local Business Tax Receipt Division**  
 100 W Dania Beach Blvd. Dania Beach, FL 33004  
 Phone: 954-924-6805 ext 3644 / Fax: 954-924-6812

Lic. #: \_\_\_\_\_  
 Fee: \_\_\_\_\_



**Business License Application Form**

Date of Application: 12/27/12  
 Property Folio: 5041 36030140

*\*Please fill in all areas as applicable\* (INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)*

**Business Information:**

Name of Business: SANDY DEMETRO Business Phone: 954-278-4848  
 D/B/A: PSYCHIC VISION CENTER Business Fax: NONE  
 Business Address: 4409 STIRLING ROAD DANIA BEACH, FL Emergency #: 954-661-3329  
 Mailing Address: SAME AS ABOVE In an Enterprise Zone? N/A  
 Email Address: NONE If yes, # of Employees: \_\_\_\_\_  
 Federal ID (EIN) or Social Security #: \_\_\_\_\_ Dept. of Revenue Sale & Use Tax #: None-Exempt

Business Owner(s) Name(s)	Address	DOB	Home Phone
<u>SANDY DEMETRO</u>	<u>4409 STIRLING ROAD DANIA BEACH, FL 33004</u>		

**Person Applying for License:**

Name: SANDY DEMETRO Title: OWNER (Within company)  
 Phone: 954-278-4848 Cell Phone: 954-278-4848 Email: NONE

**Type of License Requested (Check one please):**

- New License     Transfer Ownership     Transfer Location     Home Based Occupation  
 Update License Information     Business Name Change

Proposed Use: Psychic Readings, Tarot Card, Astrology + Palmistry Readings on a Fee per Service basis.

(Description of use MUST be included with application. Attach additional sheets on company letterhead as needed.)

**Specialized Information (Fill in only if applicable):**

Restaurant: \_\_\_\_\_ Service Station: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Beauty Salon: \_\_\_\_\_ Real Estate: \_\_\_\_\_  
 (Number of seats) (Number of pumps) (Number of employees) (Number of stations) (Number of salespersons)

**Insurance/Sanitation Information (REQUIRED):**

Name of Insurance Co: GRANADA INS. Co. Phone: 954-983-9994  
 Sanitation Company: ACE Phone: 954-472-6700

I hereby certify that the above information is complete, true and correct; and further I understand that any misstatement of facts contained in this application may cause the license to be revoked.

Sandy Demetro  
 SIGNATURE OF APPLICANT

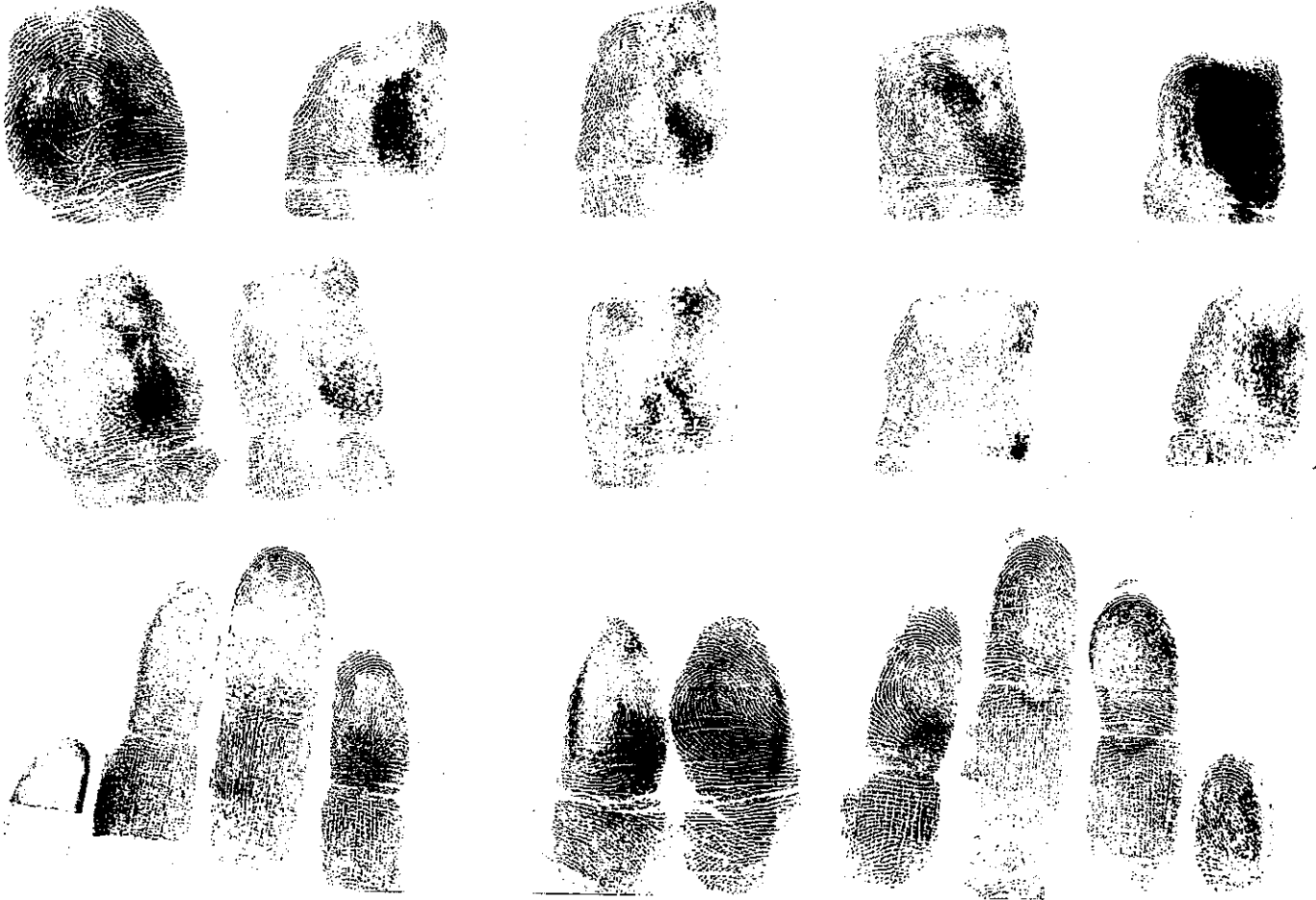
12/27/12  
 DATE

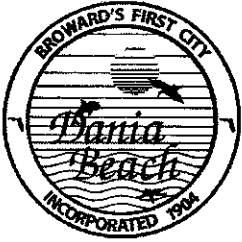
The premises will be inspected by the Building Department and the Fire Prevention Bureau. If any violations exist, said violations must be corrected within the time allotted or the application for license may be denied, and possible Code Enforcement action may be taken.

Demetro Sandy

Sandy Demetro  
4423 West Tradwinds Ave  
Lauderdale by Sea, Fl. 33308  
10/31/12 09978893  
Julio Morales 4-5-14

US





**CITY OF DANIA BEACH**  
Department of Community Development  
Zoning Division

**CERTIFICATE OF USE**

CERTIFICATE #: CU-12-0290 RECORD #: 001501

BUSINESS NAME: Psychic Vision Center

BUSINESS ADDRESS: 4409 Stirling Road

BLDG #: \_\_\_\_\_ BAY #: \_\_\_\_\_

BUSINESS PHONE: 954-278-4848

BUSINESS USE(S): psychic readings and astrology

PROPERTY ZONED: C-2 FOLIO #: 504136030140

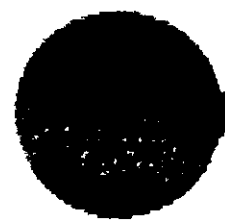
CERTIFICATE APPROVED BY: Kristin Dion DATE: 10/25/2012

LIMITATION(S):

**MUST BE POSTED AT BUSINESS LOCATION**



**Broward Sheriff's Office**  
 District 2 - Dania Beach  
 Crime Prevention Unit  
 100 W Dania Beach Blvd  
 Dania Beach, FL 33004  
 Phone # 954-926-2400



**Dania Beach Business Watch**  
**Membership Application**  
 (PLEASE PRINT)

Date: 12/27/12

**Business Information**

Business Name: Psychic Vision Center

Business Address: 4409 STIRLING ROAD

City: Dania Beach State: FL ZIP: 33014

Business Phone: 954-278-4848 Business Fax: None

E-Mail Address: ~~AD@~~ None

Hours of Operation: 10:00 AM TO 11:00 PM

**Owner / Manager Contact Information**

Name: SANDY DEMETRO

Address: 4409 STIRLING ROAD, DANIA BEH. FL 33014

Home Phone: 954-512-0846 Cellular: 954-278-4848

**Emergency Contact Information**

Name	Telephone
<u>SANTINO DEMETRO</u>	<u>954-661-3329</u>

Comments: \_\_\_\_\_

For information on this and other crime prevention programs,  
 please contact our Crime Prevention Unit at 954.926.2400.

Zone # \_\_\_\_\_



**CITY OF DANIA BEACH**  
**Local Business Tax Receipt Division**  
 100 W Dania Beach Blvd. Dania Beach, FL 33004  
 Phone: 954-924-6805 ext 3644 / Fax: 954-924-6812

**PROPERTY OWNER/LANDLORD AUTHORIZATION TO ISSUE LICENSE**

I CERTIFY THAT I AM THE PROPERTY OWNER AND/OR AUTHORIZED AGENT OF THE PREMISES  
 LOCATED AT: 4409 STEINWAY

LESSEE BAY/UNIT/SUITE #(S): \_\_\_\_\_ FOLIO #: \_\_\_\_\_

AND HAVE LEASED SAID PREMISES TO: SANDY DELTAO

FOR THE PURPOSE OF CONDUCTING HIS/HER BUSINESS OF: PSYCHIC VISIONS CENTER

I FURTHER UNDERSTAND THAT THE BUILDING WILL BE INSPECTED BY THE CITY OF DANIA BEACH  
 INSPECTORS AND AGREE THAT **ANY VIOLATIONS** (STRUCTURAL, ELECTRICAL, PLUMBING,  
 MECHANICAL, AND/OR FIRE PREVENTION) WILL BE CORRECTED BY ME OR THE LESSEE. I ALSO  
 UNDERSTAND THAT NO ALTERATIONS OR ADDITIONS WILL BE MADE WITHIN OR TO THE PREMISES  
 UNTIL THE PROPER PERMITS HAVE BEEN PROCURED. IN ADDITION, NO SIGNS WILL BE ALTERED OR  
 INSTALLED UPON THE PREMISES WITHOUT THE PROPER PERMITS BEING PULLED. LASTLY, ANY  
 VIOLATIONS NOT CORRECTED MAY BE CITED BY THE CODE COMPLIANCE DIVISION, WHICH  
 PURSUANT TO FLORIDA STATE STATUTES, I AM HELD ULTIMATELY RESPONSIBLE FOR REGARDLESS  
 OF ANY LEASE CONDITIONS OR AGREEMENTS WITH THE LESSEE.

[Signature]  
 \_\_\_\_\_  
 SIGNATURE OF OWNER OR AGENT

[Printed Name]  
 \_\_\_\_\_  
 PRINTED NAME

R.R.C.  
 \_\_\_\_\_  
 TITLE

954 4454777  
 \_\_\_\_\_  
 PHONE NUMBER

10/15/11  
 \_\_\_\_\_  
 DATE

State of Florida:

County of Broward:

The foregoing instrument was acknowledged before me this 15th day of October,  
2012, by \_\_\_\_\_ who is personally known to me or who has  
 produced Drivers License as identification, and who did (or did not) take an oath.

[Signature]  
 \_\_\_\_\_  
 NOTARY PUBLIC  
 MY COMMISSION EXPIRES:

(SEAL)





N.A.

**CITY OF DANIA BEACH**  
**Local Business Tax Receipt Division**  
 100 W Dania Beach Blvd. Dania Beach, FL 33004  
 Phone: 954-924-6805 ext 3644 / Fax: 954-924-6812

**AFFIDAVIT OF INVENTORY**

If your business carries an inventory of merchandise, you must have this affidavit properly executed and returned to the Division along with the completed application form(s). This does not include equipment, furniture, or other items used in the day to day operations of the business.

I certify that the average dollar (\$) value of inventory maintained on the site of

\_\_\_\_\_ is \$ \_\_\_\_\_  
**NAME OF BUSINESS**

<i>*Please fill in areas where applicable.</i>	
Percent of Inventory as Retail Product: _____ %	Value of Inventory as Retail Product: \$ _____
Percent of Inventory as Wholesale Product: _____ %	Value of Inventory as Wholesale Product: \$ _____
Total of Storage and/or Warehouse Space: _____ Square Feet	

\_\_\_\_\_  
**SIGNATURE OF OWNER OR OFFICER**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**

**State of Florida:**

**County of Broward:**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is personally know to me or who has produced \_\_\_\_\_ as identification, and who did (or did not) take an oath.

\_\_\_\_\_  
**NOTARY PUBLIC** (SEAL)

**MY COMMISSION EXPIRES:**

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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## Fictitious Name Detail

### Fictitious Name

PSYCHIC VISION CENTER

### Filing Information

<b>Registration Number</b>	G12000100989
<b>Status</b>	ACTIVE
<b>Filed Date</b>	10/16/2012
<b>Expiration Date</b>	12/31/2017
<b>Current Owners</b>	1
<b>County</b>	BROWARD
<b>Total Pages</b>	1
<b>Events Filed</b>	NONE
<b>FEI/EIN Number</b>	NONE

### Mailing Address

4409 STIRLING ROAD  
DANIA BEACH, FL 33314

### Owner Information

DEMETRO, SANDY  
4409 STIRLING ROAD  
DANIA BEACH, FL 33314  
**FEI/EIN Number:** NONE  
**Document Number:** NONE

### Document Images

10/16/2012 -- Fictitious Name Filing

**Note:** This is not official record. See documents if question or conflict.

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State of Florida, Department of State



**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G12000100989

**Fictitious Name to be Registered:** PSYCHIC VISION CENTER

**Mailing Address of Business:** 4409 STIRLING ROAD  
DANIA BEACH, FL 33314

**Florida County of Principal Place of Business:** BROWARD

**FEI Number:**

**Owner(s) of Fictitious Name:**

DEMETRO, SANDY  
4409 STIRLING ROAD  
DANIA BEACH, FL 33314 US

**FILED**  
**Oct 16, 2012**  
**Secretary of State**

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SANDY DEMETRO

10/16/2012

Electronic Signature(s)

Date

**Certificate of Status Requested ( )**

**Certified Copy Requested (X)**

## Rich Seay

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**From:** OnlineWebFic@dos.state.fl.us  
**Sent:** Wednesday, October 17, 2012 3:11 AM  
**To:** RSEAY@RICHARDSEAYATTORNEY.COM  
**Subject:** Fictitious Name Registration - G12000100989; 300240889963  
**Attachments:** CC-G12000100989.pdf, 30889963.tif

Subject: PSYCHIC VISION CENTER

REGISTRATION NUMBER: G12000100989

This will acknowledge the filing of the above fictitious name registration which was registered on October 16, 2012. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

If the mailing address of this business changes, please notify this office in writing, or through the link provided on our website [www.sunbiz.org](http://www.sunbiz.org) <<http://www.sunbiz.org/>> for Address & FEI/EIN Changes. Please reference the original registration number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Division of Corporations

Florida is headed in the right direction! View Florida's Jobs Growth Chart:

<http://www.flgov.com/photoview/jobcreationchart.jpg>

The Department of State is leading the commemoration of Florida's 500th anniversary in 2013.

For more information, please go to [www.fl500.com](http://www.fl500.com).

The Department of State is committed to excellence. Please take our Customer Satisfaction

Survey: <http://survey.dos.state.fl.us/index.aspx?email=Onlinewebfic@dos.myflorida.com>

# *State of Florida*

## *Department of State*

I certify that the attached is a true and correct copy of the Application For Registration of the Fictitious Name PSYCHIC VISION CENTER, registered with the Department of State on October 16, 2012, as shown by the records of this office.

The Registration Number of this Fictitious Name is G12000100989.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Seventeenth day of October, 2012*

*Ken Detjmer*

*Secretary of State*



# BROWARD DAILY BUSINESS REVIEW

Published Daily except Saturday, Sunday and  
Legal Holidays  
Ft. Lauderdale, Broward County, Florida

STATE OF FLORIDA  
COUNTY OF BROWARD:

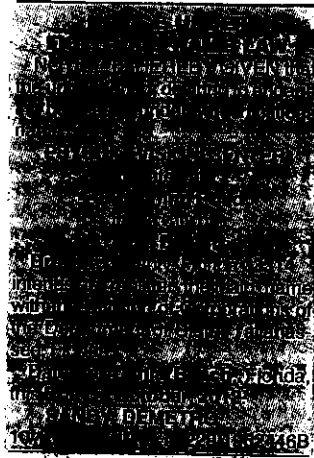
Before the undersigned authority personally appeared S. STRIGGLES, who on oath says that he or she is the LEGALS CLERK, of the Broward Daily Business Review f/k/a Broward Review, a newspaper published at Fort Lauderdale, in Broward County, Florida; that the attached copy of advertisement, being a Legal Advertisement of Notice in the matter of

NOTICE UNDER FICTITIOUS NAME LAW  
PSYCHIC VISION CENTER

in the XXXX Court,  
was published in said newspaper in the issues of

10/16/2012

Affiant further says that the said Broward Daily Business Review is a newspaper published at Fort Lauderdale, in said Broward County, Florida and that the said newspaper has heretofore been continuously published in said Broward County, Florida and has been entered as second class mail matter at the post office in Fort Lauderdale in said Broward County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he or she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.



*S. Striggles*

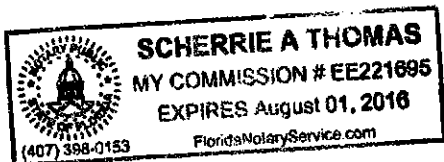
Sworn to and subscribed before me this

16 day of OCTOBER, A.D. 2012

*Scherrie A Thomas*

(SEAL)

S. STRIGGLES personally known to me



# LICENSE BOND

Bond Number 41267215

## KNOW ALL MEN BY THESE PRESENTS:

**THAT WE** SANDY DEMETRO DBA PSYCHIC VISION CENTER,  
as Principal, and PLATTE RIVER INSURANCE COMPANY, a NEBRASKA  
Corporation, with principal office at 2121 NORTH CALIFORNIA BLVD, STE 300, WALNUT CREEK, CA 94596-3572,  
as Surety, are held and firmly bound unto CITY OF DANIA BEACH, FLORIDA,  
in the sum of One Thousand and no/100 Dollars (\$ 1,000.00 ) for which payment well  
and truly be made, we bond ourselves, our personal representatives, successors and assigns,  
jointly and severally, firmly by these presents.

**WHEREAS**, the condition of this obligation is such that the Principal has obtained a  
license from the CITY OF DANIA BEACH, FLORIDA to carry on business as a  
FORTUNE TELLER  
effective on the 28TH day of NOVEMBER, 2012.

**NOW THEREFORE**, if Principal shall, during the effective dates of this bond,  
faithfully perform all Ordinances, Rules and Regulations, and any amendments thereto, of the  
license granted to Principal by the CITY OF DANIA BEACH, FLORIDA, then  
this obligation shall be void, otherwise to remain in full force and effect.

**PROVIDED** that surety may cancel this bond and be relieved of all further liability  
hereunder upon giving 30 days notice to the obligee named herein; however cancellation  
shall not affect any rights or liabilities which have accrued under this bond prior to the date of  
such cancellation. No suit or action shall be brought hereunder by any party other than the  
obligee, and no suit or action shall be commenced under this bond more than (1) year from the  
expiration or cancellation thereof. Regardless of the number of years this bond remains in  
force, or the number of renewal periods, the aggregate liability of the surety under this bond  
shall not exceed the penal sum.

Signed, sealed and dated the 11th day of DECEMBER, 2012.

SANDY DEMETRO DBA PSYCHIC VISION CENTER

**Principal**

Sandy Demetro

By

PLATTE RIVER INSURANCE COMPANY

Kevin Cathcart

Kevin Cathcart, Attorney-In-Fact

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

STATE OF CALIFORNIA

County of Orange

On December 11, 2012 before me, Debbie McGilligan, Notary Public  
Date Here Insert Name and Title of the Officer

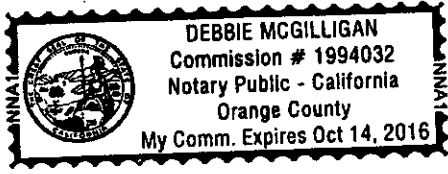
personally appeared Kevin Cathcart  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature *Debbie McGilligan*  
Signature of Notary Public Debbie McGilligan



Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: LICENSE BOND #41267215

Document Date: December 11, 2012 Number of Pages: 1

Signer(s) Other Than Named Above: None

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Kevin Cathcart

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**  
Top of thumb here

Signer Is Representing:  
PLATTE RIVER  
INSURANCE COMPANY

Signer's Name: n/a

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**  
Top of thumb here

Signer Is Representing:  
\_\_\_\_\_  
\_\_\_\_\_

PLATTE RIVER INSURANCE COMPANY  
POWER OF ATTORNEY

41265183

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

-----KEVIN CATHCART; LORIE MANDEL; KELLY A. SPECHT; NICKI SWARTZ; STEVEN A. SWARTZ; MICHAEL J. WASKO, III-----  
-----TIMOTHY D MARINO-----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

-----ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$5,000,000.00-----

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 2nd day of May, 2011.

Attest:

*Richard W. Allen III*

Richard W. Allen III  
President  
Surety & Fidelity Operations



PLATTE RIVER INSURANCE COMPANY

*David F. Pauly*

David F. Pauly  
CEO & President

STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

On the 2nd day of May, 2011 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described herein and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



*Daniel W. Krueger*

Daniel W. Krueger  
Notary Public, Dane Co., WI  
My Commission Is Permanent

STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 11th day of December, 2012.



*Alan S. Ogilvie*

Alan S. Ogilvie  
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

November 21, 2012

City of Dania Beach  
Community Development Department  
Zoning Division  
100 West Dania Beach Boulevard  
Dania Beach, FL 33004

RE: SANDY DEMETRO d/b/a/ PSYCHIC VISION CENTER  
PROPERTY ADDRESS: 4409 Stirling Road, Dania Beach, FL 33314  
APPLICATION FOR A CERTIFICATE OF USE

To Whom It May Concern:

Please be advised that this letter is being provided in accordance with the instructions provided in the City of Dania Beach's "Business License Application Information & Requirements".

I have currently published in the Broward Review, on October 16, 2012, my intention and "Notice Under The Fictitious Name Law", to operate my business at the above-stated business location as the Psychic Vision Center in the City of Dania Beach.

My proposed business use and activities will include providing to my customers psychic readings, tarot card readings, astrology readings and palmistry readings, as requested, in a conference room setting on a fee per service basis. If you have any questions or require additional information please contact me.

Sincerely,

  
Sandy Demetro, Applicant/Business Owner



November 19, 2012

To whom it may concern,

I have the pleasure of knowing Sandy Demetro personally for over five years, and have always know her to be responsible and easy going individual.

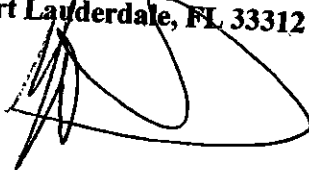
Sandy is an intelligent, capable, dedicated, personable and sensible person.

I feel confident in recommending Sandy. If you have any further questions, please feel free to contact me.

I am happy to provide further information if required.

Sincerely,

**Yafa Black**  
4925 N Harbor Isles Dr.  
Fort Lauderdale, FL 33312



972-740-0987

November 19, 2012

To whom it may concern,

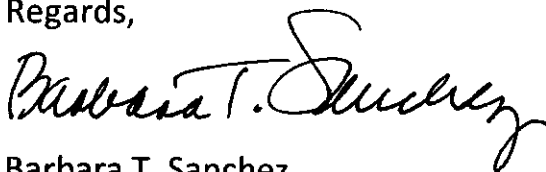
I have known Sandy Demetro for about one year.

Sandy is organized, efficient, competent and has an excellent rapport with people of all ages. Her communication skills are excellent.

In summary, I highly recommend Sandy for any endeavor that she may seek to pursue.

I am happy to provide further information if required.

Regards,

A handwritten signature in black ink that reads "Barbara T. Sanchez". The signature is written in a cursive style with a large, prominent initial 'S'.

Barbara T. Sanchez

5846 Stirling Road

Hollywood, FL 33024-1527

954-963-3886

Dania Beach, Florida, Code of Ordinances >> PART II - CODE OF ORDINANCES >> Chapter 12.5 - FORTUNETELLERS, PALMISTS, CLAIRVOYANTS AND ASTROLOGERS >>

**Chapter 12.5 - FORTUNETELLERS, PALMISTS, CLAIRVOYANTS AND ASTROLOGERS**

[34]

Sec. 12.5-1. - Business tax receipt required.

Sec. 12.5-2. - Issuance and revocation of business tax receipt.

Sec. 12.5-3. - Judicial remedy by circuit court.

Sec. 12.5-4. - Business tax receipt fees.

Sec. 12.5-5. - Bond.

Sec. 12.5-6. - Place of conducting activities.

Sec. 12.5-7. - New applications and renewals.

Sec. 12.5-8. - Penalties.

**Sec. 12.5-1. - Business tax receipt required.**

It shall be unlawful to engage in the business of fortunetelling, palmistry, clairvoyancy or astrology in the city unless such business is conducted by an individual who has applied for and obtained a business tax receipt from the city for such business.

*(Ord. No. 20-90, § 1, 4-10-90)*

**Sec. 12.5-2. - Issuance and revocation of business tax receipt.**

- (a) The city commission of the City of Dania Beach, Florida, is hereby authorized to grant or renew a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt for any period of time not exceeding one (1) year to any individual applying therefor on a form to be provided for in paragraph (b) of this section and the filing by the applicant of the bond required by section 12.5-5 of this chapter.
- (b) The form on which application shall be made for a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt shall require the following information:
  - (1) Name of applicant;
  - (2) Residence and business address of applicant;
  - (3) The length of time for which a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt is desired;
  - (4) A statement as to whether or not the applicant holds, or has held a fortunetelling, palmistry, clairvoyancy or astrology license from any state, municipality, governing body or licensing authority; a list of such licenses and a statement of the time, place and by whom issued; a statement as to whether any state, municipality, governing body or licensing authority has ever refused to issue or to renew a fortunetelling, palmistry, clairvoyancy or astrology license to the applicant together with a full and accurate statement as to the reasons for any such refusal; and a statement as to whether any state, municipality, governing body or licensing authority has ever revoked a fortunetelling, palmistry, clairvoyancy or astrology license held by the

- applicant together with a full and accurate statement as to the reasons for any such revocation;
- (5) A statement as to whether or not the applicant has ever been convicted of any crime, misdemeanor or violation of any municipal ordinance, and if so, the nature of the offense and the punishment or penalty assessed thereto;
  - (6) A photograph of the applicant, taken within sixty (60) days immediately prior to the date of the filing of the application, which picture shall be two (2) inches by two (2) inches showing the head and shoulders of the applicant in a clear and distinguishing manner, except that the city commission may waive this requirement with respect to an application for renewal of a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt by an individual holding an unexpired fortunetelling, palmistry, clairvoyancy or astrology business tax receipt issued under this chapter who has in a previous application under this chapter complied with this requirement;
  - (7) The fingerprints of the applicant and the names of at least two (2) reliable property owners of the County of Broward, State of Florida, who will certify as to the applicant's good moral character and business responsibility, except that the city commission may waive this requirement with respect to an application for renewal of a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt by any individual holding an unexpired business tax receipt issued under this chapter who has in a previous application under this chapter complied with this requirement.
- (c) Before issuing a fortunetelling, palmistry, clairvoyancy or astrology license to any individual applying therefor, the city commission shall refer the application to the Broward County Sheriff's Office who shall cause to be made such investigation of the applicant's moral character and business responsibility as he deems necessary for the protection of the public good, except that the city commission may waive this requirement with respect to an application for renewal of an existing business tax receipt by any individual holding an unexpired fortunetelling, palmistry, clairvoyancy or astrology business tax receipt issued under this chapter if an investigation of such applicant's moral character and business responsibility has previously been made under this section in connection with a prior application for such business tax receipt under this chapter. The sheriff or his deputy shall cause the investigation herein provided for to be made within a reasonable time and shall certify to the city commission whether or not the moral character and business responsibility of the applicant is satisfactory.
- (d) A fortunetelling, palmistry, clairvoyancy or astrology business tax receipt may be revoked by the city commission or an application for issuance or renewal of such business tax receipt may be refused by the city commission, if they determine after notice and hearing that:
- (1) The applicant or business tax receipt holder is not an individual of good moral character and business responsibility; or
  - (2) The application of the applicant or business tax receipt holder contains any false, fraudulent or misleading material statement;
  - (3) The applicant or business tax receipt holder has perpetrated a fraud upon any person whether or not such fraud was perpetrated in the conduct of the business in the city; or
  - (4) The applicant or business tax receipt holder has violated any of the statutes of the State of Florida relating to fortunetelling, palmistry, clairvoyancy or astrology; or
  - (5) The applicant has been convicted of any crime or misdemeanor involving moral turpitude; or
  - (6)

The applicant or business tax receipt holder has conducted his or her business in the city in an unlawful manner or in such a manner as to constitute a breach of the peace or a menace to the health, safety or general welfare of the public.

- (e) Notice of the hearing provided for in paragraph (d) above shall be given in writing to the applicant or business tax receipt holder as the case may be. Such notice shall be mailed, postage prepaid to the applicant or business tax receipt holder as the case may be at his last known address at least five (5) days prior to the date set for hearing. The applicant or business tax receipt holder as the case may be shall have the right to be represented at such hearing by counsel.

*(Ord. No. 20-90, § 2, 4-10-90; Ord. No. 2007-004, § 3, 3-27-07)*

### **Sec. 12.5-3. - Judicial remedy by circuit court.**

Any person aggrieved by any decision of the city commission may, within thirty (30) days from the date of rendition of such decision, apply to the circuit court for the Seventeenth Judicial Circuit in and for Broward County, Florida, for a review of such decision of the city commission, which said review shall be limited to a petition at common law for a writ of certiorari.

*(Ord. No. 20-90, § 3, 4-10-90)*

### **Sec. 12.5-4. - Business tax receipt fees.**

The fees for a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt shall be in the sum of one thousand dollars (\$1,000.00) for each twelve-month period or fraction thereof.

*(Ord. No. 20-90, § 4, 4-10-90; Ord. No. 2007-004, § 3, 3-27-07)*

### **Sec. 12.5-5. - Bond.**

Every applicant for a fortunetelling, palmistry, clairvoyancy or astrology license shall file with the clerk-auditor of the city a surety bond running to the City of Dania Beach, Florida, in the amount of one thousand dollars (\$1,000.00) with surety acceptable to and approved by the city commission conditioned that the applicant, if issued a fortunetelling, palmistry, clairvoyancy or astrology license, will comply fully with all the provisions of the ordinances of the city, and the statutes of the State of Florida and will pay all damages which may be sustained by any person by reason of any fraud, deceit, negligence or other wrongful act on the part of the licensee, his agent or employees in the conduct of the licensee's business. A liability insurance policy issued by an insurance company authorized to do business in the State of Florida which conforms to the above requirements may be permitted by the city commission in its discretion in lieu of a bond.

*(Ord. No. 20-90, § 5, 4-10-90)*

### **Sec. 12.5-6. - Place of conducting activities.**

No fortunetelling, palmistry, clairvoyancy or astrology activities shall be conducted within any of the residential areas of the city or other areas not zoned for such activity.

*(Ord. No. 20-90, § 6, 4-10-90)*

### **Sec. 12.5-7. - New applications and renewals.**

The provisions of this chapter shall apply to all new applicants for business tax receipts for fortunetelling, palmistry, clairvoyancy or astrology activities and for all renewals of licenses issued for fortunetelling, palmistry, clairvoyancy or astrology activities that are in effect at the time of the effective date of this chapter.

*(Ord. No. 20-90, § 7, 4-10-90; Ord. No. 2007-004, § 3, 3-27-07)*

### **Sec. 12.5-8. - Penalties.**

Any person violating any of the provisions of this chapter shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined not exceeding five hundred dollars (\$500.00) or by imprisonment in the county jail not exceeding ninety (90) days, or by both such fine and imprisonment. Each violation shall constitute a separate offense and shall be punishable as such hereunder.

*(Ord. No. 20-90, § 8, 4-10-90)*

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#### **FOOTNOTE(S):**

<sup>(34)</sup> **Editor's note**— Ord. No. 20-90, §§ 1—8, adopted April 10, 1990, did not specifically amend the Code; hence inclusion herein as Ch. 12.5, §§ 12.5-1—12.5-8, was at the discretion of the editor. Sections 9—12, providing for separability, codification, repeal of conflicting provisions and an effective date, have been omitted from codification. [\(Back\)](#)

<sup>(34)</sup> **Cross reference**— Business tax, Ch. 15; fortunetelling for illegal purposes, § 17-7. [\(Back\)](#)

**Dania Beach, Florida, Code of Ordinances >> PART II - CODE OF ORDINANCES >> Chapter 12.5 - FORTUNETELLERS, PALMISTS, CLAIRVOYANTS AND ASTROLOGERS >>**

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**Chapter 12.5 - FORTUNETELLERS, PALMISTS, CLAIRVOYANTS AND ASTROLOGERS <sup>III</sup>**

Sec. 12.5-1. - Business tax receipt required.

Sec. 12.5-2. - Issuance and revocation of business tax receipt.

Sec. 12.5-3. - Judicial remedy by circuit court.

Sec. 12.5-4. - Business tax receipt fees.

Sec. 12.5-5. - Bond.

Sec. 12.5-6. - Place of conducting activities.

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**Sec. 12.5-1. - Business tax receipt required.**

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*(Ord. No. 20-90, § 1, 4-10-90)*

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- (b) The form on which application shall be made for a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt shall require the following information:
  - (1) Name of applicant;
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  - (4) A statement as to whether or not the applicant holds, or has held a fortunetelling, palmistry, clairvoyancy or astrology license from any state, municipality, governing body or licensing authority; a list of such licenses and a statement of the time, place and by whom issued; a statement as to whether any state, municipality, governing body or licensing authority has ever refused to issue or to renew a fortunetelling, palmistry, clairvoyancy or astrology license to the applicant together with a full and accurate statement as to the reasons for any such refusal; and a statement as to whether any state, municipality, governing body or licensing authority has ever revoked a fortunetelling, palmistry, clairvoyancy or astrology license held by the applicant together with a full and accurate statement as to the reasons for any such revocation;

- (5) A statement as to whether or not the applicant has ever been convicted of any crime, misdemeanor or violation of any municipal ordinance, and if so, the nature of the offense and the punishment or penalty assessed thereto;
  - (6) A photograph of the applicant, taken within sixty (60) days immediately prior to the date of the filing of the application, which picture shall be two (2) inches by two (2) inches showing the head and shoulders of the applicant in a clear and distinguishing manner, except that the city commission may waive this requirement with respect to an application for renewal of a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt by an individual holding an unexpired fortunetelling, palmistry, clairvoyancy or astrology business tax receipt issued under this chapter who has in a previous application under this chapter complied with this requirement;
  - (7) The fingerprints of the applicant and the names of at least two (2) reliable property owners of the County of Broward, State of Florida, who will certify as to the applicant's good moral character and business responsibility, except that the city commission may waive this requirement with respect to an application for renewal of a fortunetelling, palmistry, clairvoyancy or astrology business tax receipt by any individual holding an unexpired business tax receipt issued under this chapter who has in a previous application under this chapter complied with this requirement.
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