

FINANCE DEPARTMENT LOCAL BUSINESS TAX RECEIPT DIVISION

INTEROFFICE MEMORANDUM

TO:

Detective Connie Y. Bell ()

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 – Josie Johnson dba Psychic Readings at 219 N

Federal Hwy

DATE:

May 10, 2013

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 Josie Johnson dba Psychic Readings at 219 N Federal Hwy. 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 <u>May 30</u>, <u>2013</u>. Please contact us should you have any questions.

Attachment

mj

No ISSUES WI CODE. THE



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

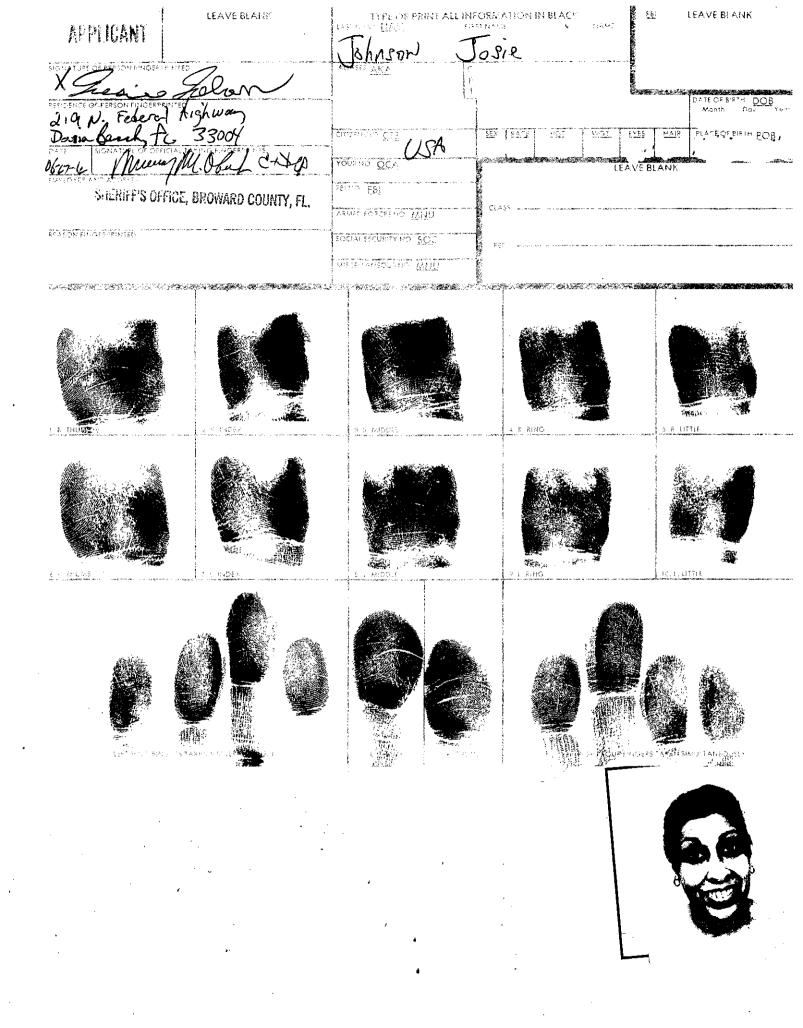
Lic. #:	
Fee:	

Beach		DE GE	OWE	2	
<u>Busi</u> ı	ness License Appli	cation orm			
Date of Application: 07-16-12		AUG -	2 2012	U)	
Property Folio: 50 12 34 01 0080	<u>7</u>		0.111		
Please fill in all areas as applicable (INCOMPLE	TE APPLICATIONS WILL	NOT BEACCEPTED)	_Op=	<u> </u>	1
Business Information:	1.			511 820 Ina	<u>,</u>
Name of Business: ISYCHIC TO D/B/A: JOSIE JOHNSON	ading S	nt	T.	<u>54-839-671</u>	
Business Address: 219 N Federa	1 HWY DANIA T	Bch 5133004 Emerge	ency #: 95	14-907 224	4 ~1
Mailing Address: 219 N. Federal Hw	y DANIA Boh F	1 77 45//	Interprise Zo		
Email Address: Josie Psychic	Q YAhoo com	If yes, #	of Employe	es:	
Federal ID (EIN) or Social Security #.) A	ent. of Revenue Sale & U			
Business Owner(s) Name(s)	Address		DOB	Home Phone	
Peggy Lee					;
Person Applying for License:					
Name: JOSIE Johnson		Title:		(Within company)	
Phone: 954-839-6770 Cell Phone:	<u> </u>	Email: Josie	- PSych	ic CyAhoo.co	n-1
The officers Described (Check one whose)			1 1	- !	1
Type of License Requested (Check one please):					
☐ New License ☐ Transfer Ownership ☐ Update License Information	☐ Transfer Location ☐ Business Name Change	☐ Home Based Occup	ation		
Proposed Use: PSYCHIC REAding:	s, Astrology,	and fortune	teller		
(Description of use MUST be included with applicat	ion. Attach additional sheet:	s on company letterhead	as needed.)		
Specialized Information (Fill in only if applicable):					
Restaurant: Service Station: (Number of seats) (Number of pumps)	Manufacturer: (Number of employees)	Beauty Salon:(Number of stations)	_ Rea (Num	l Estate: nber of salespersons)	
Insurance/Sanitation Information (REQUIRED):					
Name of Insurance Co:		Pho	ne:		
Sanitation Company:		Pho	ne:	-	
I hereby certify that the above information is comple in this application may cause the license to be revoke	ed.	rther I understand that a	any misstater	nent of facts contained	
(Son O W On	~ /		07-11	L.12	

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.

SIGNATURE OF APPLICANT

DATE





Department of Community Development Zoning Division

CERTIFICATE OF USE

CERTIFICATE #:

CU-12-0173

RECORD #: 001384

BUSINESS NAME: JOSIE JOHNSON/PEGGY LEE dba PSYCHIC READINGS

BUSINESS ADDRESS: 219 N FEDERAL HIGHWAY

BLDG #:

BAY #:

BUSINESS PHONE:

954-839-6770

BUSINESS USE(S): PSYCHIC READINGS/ASTROLOGY

PROPERTY ZONED: CC FOLIO #: 504234010080

CERTIFICATE APPROVED BY: Kristin Dion

DATE: 08/02/2012

LIMITATION(S): *NOTES: EXISTING USE/CHANGE OF DBA



SCHMUNITY DEVELOPMENT DEPARTMENT

ZONING DIVISION

100 W Dania Beach Blvd. Dania Beach, FL 30004 TEL: 954-924-6805 / FAX: 954-922-2687

CERTIFICATE OF USE APPLICATION

	CERTIFICATE OF SUL		N INLIECTION N	\circ
9	16/12	F	Folio#: 50423401 X	
Date of Application:	Psychic Rendings	Ī	Property Zoned: CC	7 Ň
Name of Business:	Johnson / Vegle		Business Tel: 954-839-67	70
- 11.	9 N. Federal Hwy DA	ha Boh	Business Fax:	7 44
Business Address:	Bay/Suite #:		Emergency Tel: 954-907-2	- 1
Building #	ychic @yahoo com		Square Ft of Bay/Space:	
- Comarla Name:	reagy Lee		Multi-Tenant Bldg: [] Yes [] No Home Tel: 954-839-677	7 0
- Address	3015 W. SWAKISE DIVE		Home Tel: 151 - 954 - 907 2	244
Business Owner's City/Sta	ate/Zip: Ft. LAND F1 33311		Alternate Tel: 15 t 15	. (
	APPLIED FOR (CHECK ONE): [] Change of Business Name	[] Char	nge of Ownership	~
[] New Business	5 Leasting (existing busine	ss to new location)		
[] Adding or Changing of	(DETAILED DESCRIPTION OF ACTIVITIES)	Psychi	Rendings	l
PROPOSED USE	(DETAILED DESCRIPTION OF ACTIVITIES)	Ting		
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ASTROLO	OBTAILED DESCRIPTION OF TUNE TO			
ASTROLO		<i>σ</i>		
ASTROLO	on must be signed by business owner	<i>σ</i>		
NOTE: Application		<i>σ</i>		
ASTROLO		or authorized		
NOTE: Application		or authorized		
NOTE: Application Signature OS. C Printed Name State of Florida:	on must be signed by business owner	or authorized Title	corporate officer.	nsan
NOTE: Application Signature OS.C Printed Name State of Florida: County of Broward:	on must be signed by business owner	Title 7 1 1 Date	corporate officer.	n son
NOTE: Application Signature OS.C Printed Name State of Florida: County of Broward:		Title 7 1 1 Date	corporate officer.	n son
NOTE: Application Signature OS.C Printed Name State of Florida: County of Broward:	on must be signed by business owner ONNSON ant was acknowledged before me this 3 day of the is personally know to me or who has produced H	Title The Date Title	corporate officer.	n son
NOTE: Application Signature OS. C Printed Name State of Florida: County of Broward: The foregoing instrume: when the state and oath. Marketin Application of State of Florida: The foregoing instrume: when the state of Florida: When the state of Florida	on must be signed by business owner on twas acknowledged before me this 3 day of the is personally know to me or who has produced H KRIST MY COMME EXPINE EXPINE EXPINE EXPINE EXPINE Bonded Thu M.	or authorized Title Date	corporate officer.	n son
NOTE: Application Signature OS. C Printed Name State of Florida: County of Broward: The foregoing instrume: when the state and oath. Marketin Application of State of Florida: The foregoing instrume: when the state of Florida: When the state of Florida	on must be signed by business owner ont was acknowledged before me this 3 day of the is personally know to me or who has produced H KRIST MY COMMI EXPIRE Bonded Thru No	Title Date IN MILLIGAN SSION # EE 203396 S: May 30, 2016 oldary Public Underwriters	corporate officer.	n son
NOTE: Application Signature OS. C Printed Name State of Florida: County of Broward: The foregoing instrume: when the state an oath. NOTARY PUBLIC (S. MY COMMISSION E.	on must be signed by business owner on must be signed by business owner ont was acknowledged before me this 31 day of the is personally know to me or who has produced H My committee of the service o	Title Date IN MILLIGAN SSION # EE 203396 S: May 30, 2016 oldary Public Underwriters	corporate officer.	n son
NOTE: Application Signature OS. C Printed Name State of Florida: County of Broward: The foregoing instrume: when the state an oath. NOTARY PUBLIC (S. MY COMMISSION E. MY COMMISSION E. C.	on must be signed by business owner on must be signed by business owner on was acknowledged before me this 3 day of the is personally know to me or who has produced H Mulique	Title Date IN MILLIGAN SSION # EE 203396 S: May 30, 2016 oldary Public Underwriters	corporate officer.	i (or did
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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:	
Business Information	
Business Name: PSychic Read Business Address: 219 N. Federal	Huy DANIA BEACH, FI 33001
City: Dania Beach	State: <u>FL</u> ZIP: <u>3300</u> 4
Business Phone: 954-839-6770	Business Fax:
E-Mail Address: Josie DSY Chic @ Y	ahoo, com
Hours of Operation: 10 Am - 11 pm	
Owner / Manager Contact Information	
Name: Josie Johnson	1 5 5 1 5 23 201
Address: 219 N. Federal	Hwy Dania Bch Fl 33004
Home Phone: 954-839-6770	Cellular: 321-388-[61]
Emergency Contact Information	
Name	Telephone
Walter Hiller	954-907-2244
David Miller	954-683-9639
Comments:	
For information on this and other crime prevention p please contact our Crime Prevention Unit at 954.926.	rograms, 2400.
7one #	



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: 219 North Federa (Highwy, Dania Beach, FL 33004 Lessee Bay/Unit/suite #(s): NA FOLIO #: 504234-01-0080 AND HAVE LEASED SAID PREMISES TO: Peggy Lee and Josie Johnson FOR THE PURPOSE OF CONDUCTING HIS/HER BUSINESS OF: Psychic
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 OF OWNER-OR AGENT PRINTED NAME
OWNER 631-789.6500 7.12.12 TITLE PHONE NUMBER DATE
State of Florida: NEW YORK County of Broward: NESSAU. The foregoing instrument was acknowledged before me this 12 day of TULY, who is personally known to me or who has produced DRINER LICENSE as identification, and who did (or did not) take an oath.
DARLENE I. CASTRO Notary Public, State of New York No. 01CA6133993 Qualified in Nassau County Commission Expires Sept. 19, 2013

REV 06/11

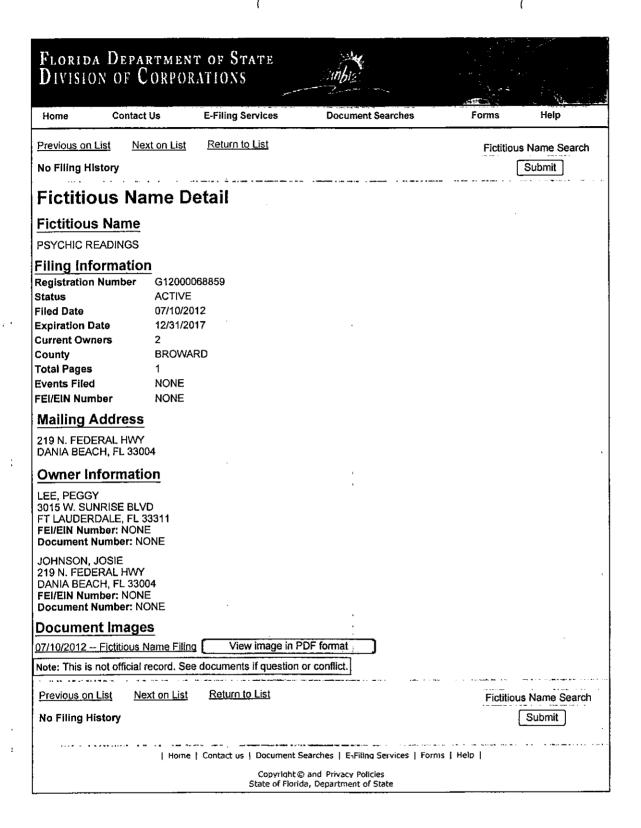


Local Business Tax Receipt Division 100 W Dania Beach Blvd. Dania Beach, FL 33004 Phone: 954-924-6805 ext 3644 / Fax: 954-924-6812

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.

NAME OF BUSINESS *Please fill in areas where applicable. Percent of Inventory as Retail Product:	I certify that the average dollar (\$) valu	e of inventory maintained on the site of
**Please fill in areas where applicable. Percent of Inventory as Retail Product:% Value of Inventory as Retail Product: \$Percent of Inventory as Wholesale Product:% Value of Inventory as Wholesale Product: \$\frac{Percent of Inventory as Wholesale Product:% Value of Inventory as Wholesale Product: \$\frac{Percent of Inventory as Wholesale Product: \$\frac{Percent of Inventory as Wholesale Product: \$\frac{Product: \$\frac	2 contant of the cont	
Percent of Inventory as Retail Product:	NAME OF BUSINESS	15.5
Percent of Inventory as Wholesale Product:% Value of Inventory as Wholesale Product: \$\frac{1}{2} \] 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)	Percent of Inventory as Retail Product:%	Value of Inventory as Retail Product: \$
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)	Percent of Inventory as Wholesale Product:%	Value of Inventory as Wholesale Product: \$
PRINTED NAME DATE State of Florida: County of Broward: The foregoing instrument was acknowledged before me this day of, who is personally know to me or who has produced as identification, and who did (or did not) take an oath. NOTARY PUBLIC (SEAL)		
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)	SIGNATURE OF OWNER OR OFFIC	TITLE
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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)	PRINTED NAME	DATE
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)	State of Florida:	
has produced as identification, and who did (or did not) take an oath. NOTARY PUBLIC (SEAL)	County of Broward:	hafana ma this day of
has produced as identification, and who did (or did not) take an oath. NOTARY PUBLIC (SEAL)	, by	who is personally know to me or who
NOTAL TOPPIC	has produced	as identification, and who did (or did not) take an oath.
NOTAL TOPLE		
NAV CAMANAINNI IN PACINE.	NOTARY PUBLIC MY COMMISSION EXPIRES:	(SEAL)



APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G12000068859

Fictitious Name to be Registered: PSYCHIC READINGS

Mailing Address of Business:

219 N. FEDERAL HWY DANIA BEACH, FL 33004

Florida County of Principal Place of Business: BROWARD

FEI Number:

FILED Jul 10, 2012 Secretary of State

Owner(s) of Fictitious Name:

LEE, PEGGY 3015 W. SUNRISE BLVD FT LAUDERDALE, FL 33311

JOHNS ON, JOSIE 219 N. FEDERAL HWY DANIA BEACH, FL. 33004

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.

PEGGY LEE

07/10/2012

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested (X)

Lexon Insurance Company 1919 S. Highland Avenue, Bidg.A-Suite 300, Lombard, lilinois 60148-4979

BOND NO. 1017442

LICENSE AND/OR PERMIT BOND (ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00)

KNOW ALL MEN BY THESE PRESENTS:		
That we JOSIE JOHNSON		
219 N FEDERAL HIGHWAY DANIA E	(Principal's Name) BEACH, FL. 33004	
as Principal, and Lexon Insurance Com	(Principal's Address)	
	nly bound unto CITY OF DANIA BEACH	any duly licensed in the
State of Texas, Obligee, in the aggregate s to the payment of which sum the said Pr executors, successors and assigns, jointly a	rincipal and Surety bind themselves and the and severally by these presents.	oliars (\$ <u>1,000.00</u>) eir heirs, administrators,
In consideration thereof, the Principal is	s granted a license and/or permit by the O	bligee to engage in the
business of PSYCHIC READER		
for the period beginning on the 26TH	day of JULY	2012
and ending on the 25TH	day of JULY	2013
2. This obligation may be cancelled by However, this obligation shall remain Principal prior to the cancellation of the	y the Surety upon giving thirty (30) days writted in full force and effect as to the acts or omission the bond.	en notice to the Obligee s of the above mentioned
Dated this 26 TH	day of JULY	2012
\	JOSIE JOHNSON	
e a	JOSIE JOHNSON	Principal
		. гипора
T a:		Officer
D [†]	Lexon Insurance Company	V
		,
:	BY: John Kolecce	·~
- -	James K Swindle, Att	orney In Fact
	_	

POWER OF ATTORNEY

LX-86780

Lexon Insurance Company

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$2,500,000.00, Two-million five hundred thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 21st day of September, 2009.

TEXAS INSURANCE COMPANY

LEXON INSURANCE COMPANY

David E. Campbell President

ACKNOWLEDGEMENT

On this 21st day of September, 2009, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 09/21/13

NSURĂNCE COMPANY CERTIFICATE

Maureen K. Aye

I, the undersigned, Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Woodridge, Illinois this

n:

oi:

ex.

o

_ Day of

, 20/2_

Donald D. Buchanan Secretary

"WARNING: Any person who knowingly and with Intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Nature of business. At 219 N. Federal Hwy., Dania Beach, FL 33004

Psychic readings, astrology readings, fortune-telling,

07/16/12

To Whom It May Concern,

I, James Andriella Jr. have known Josie Johnson for Seven years. I have been living in Broward county for 32 years. A property owner in the City of Pembroke Pines FL 33024 Since 1980

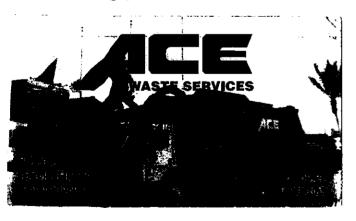
For the years I have known Josie Johnson and her work ethics and business responsibilities at 219 N Federal Hwy Dania Beach I feel good about her way in conducting business. If you have any further questions you can contact me via mail or email.

Acres And Marketiness A

James Andriella Jr 8520 NW 3Rd St.

Pembroke Pines FL 33024

Cell 954-562-8534



To Whom It May Concern,

I, Ines Ramirez, have known Josie Johnson for twenty years. I have been living in Broward county for seven years. A property owner in the City of Hollywood.

For all the years I have known Mis Johnson and her work ethics and business responsibilities I feel good about her way in conducting business. If you have any further questions you can contact me via mail or email.

Ines Ramirez 2738 Fillmore Street Unit 10W Hollywood, Florida 33020

email: inesr511@yahoo.com

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 [1]

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.
- 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.

Municode Page 3 of 4

(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.

Municode Page 4 of 4

(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)

FOOTNOTE(S):

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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)

Cross reference— Business tax, Ch. 15; fortunetelling for illegal purposes, § 17-7. (Back)