



# Occult Science Application

## Type of Application

New

## Definition of Occult Science

“Occult Science” as defined by Campbell Municipal Code 5.08.010 (10), includes astrology, palmistry, phrenology, life reading, fortune telling, cartomancy, clairvoyance, crystal gazing, mediumship, prophecy, augury, divination, magic or necromancy. When the person who conducts same demands or receives a fee for the exercise or exhibition of his art therein either directly or indirectly or as a gift or donation or charges admission.

## Business Ownership Information

<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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## Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

## Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner’s/Manager’s Name:		
Address:		
Phone Number:		

## Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver’s License #:		

## Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

**Applicant's Residence History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Applicant's Employment History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Business Partner Identifying Information  NA**

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

**Business Partner Contact Information**

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

**Business Partner's Residence History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Business Partner's Employment History – Past Five Years**

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

**Corporation Information**     **NA**

Name of Corporation:
Date of Incorporation:
Name of the Registered Corporate Agent:
Address of the Registered Office for service of process:

**Names and Capacity of all Officers and Directors**

Name:	Capacity:

**Description of Business**

Describe what type of "Occult Science" will be conducted:
Number of employees:

**New Application Fingerprinting Information (not for Renewals)**

Occult Science applicants must be fingerprinted. Read the "Request for Livescan Instruction Sheet." Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

**New Application Attachment Checklist (not for Renewals)**

- Fingerprint application and copy of receipt.
- Two portrait photographs at least 2" x 2" in size of all applicants.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.

**Signature & Verification**

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension, or revocation of an Occult Science business permit.
- I certify that all information contained in this application is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Turning in the New Application (not for Renewals)**

Bring with you the completed application, all attachments and the Police Department Application Fee. Once received, a City Council Report will be prepared for an upcoming City Council meeting. Once the City Council renders a decision on your application, you will be contacted with the results. Provide the address to which the notice of action on the application is to be mailed:

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

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

City/State/Zip: \_\_\_\_\_

**Occult Science Applications to the Police Department are accepted by  
Appointment Only  
408-866-2188**

**FOR CAMPBELL PD INTERNAL USE ONLY**

Application Received	Fingerprints Cleared	City Council Meeting	Application Granted	Application Denied	Permit Issued
_____	_____	_____	_____	_____	_____
Date	Date	Date	Date	Date	Date
_____	_____	_____	_____	_____	_____
Name	Name	Date	Date	Date	Date