



# **Licensing Board for the City of Boston**

One City Hall Square, Room 809, Boston, Massachusetts 02201  
Telephone: (617) 635-4170 | Email: [LicensingBoard@boston.gov](mailto:LicensingBoard@boston.gov)

## **FORTUNE TELLER LICENSE APPLICATION**

(Revised May 2025)

### **Fortune Teller 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)). 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, please submit this application on this portal: <https://bit.ly/blbapp2>.**
3. **Application Document Checklist:**
  - Copy of the lease agreement (in the business entity OR business d/b/a OR applicant's name with address) or deed
  - An 8 1/2 x 11 floor plan
  - Completed Personal Information Form
  - Copy of the Licenses for all other Fortune Tellers at that location
  - Copy of the Certificate of Occupancy with "Fortune Telling" use 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, you will submit payment and will pick up the license which 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 Fortune Teller to be licensed: \_\_\_\_\_
2. Business Entity (if applicable): \_\_\_\_\_
3. Doing Business As (d/b/a - if applicable): \_\_\_\_\_
4. Physical Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_
5. Business Phone Number: \_\_\_\_\_
6. Business Tax EIN Number: \_\_\_\_\_
7. Fortune Teller Email Address: \_\_\_\_\_
8. Fortune Teller Phone Number: \_\_\_\_\_
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.

Service Type	Price (\$)

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