



CITY OF DANIA BEACH
FINANCE DEPARTMENT
LOCAL BUSINESS TAX RECEIPT

August 03, 2012

Psychic Reading
Peggy Lee
Josie Johnson
219 N Federal Hwy.
Dania Beach FL 33004

Dear Ms. Lee and Ms. Johnson:

The Dania Beach City Commission will consider the renewal of your Palmistry/Fortunetellers Business Tax Receipt for your business at 219 N Federal Hwy., Dania Beach, at their August 28, 2012 City Commission meeting. The hearing will be placed on the agenda for the meeting that begins at **7:00 p.m.** The meeting is held in the City Commission Room at 100 W Dania Beach Blvd. You may want to attend this meeting should the Commission have questions pertaining to your business.

Attached for your information is Chapter 12.5 of the Dania Code of Ordinances, referencing Fortunetellers, Palmists, Clairvoyants and Astrologers. An annual tax receipt and commission approval is required. **Please update or submit a current copy of your surety bond as required in Section 12.5-5 of the Code of Ordinances.**

Please be familiar with Section 12.5-2, the criteria by which the City Commission can revoke or refuse a Palmistry/Fortunetellers license.

Sincerely,


Megan Jelaso
Revenue Coordinator

cc: Robert Baldwin, City Manager
Mark Bates, Director of Finance

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)

FOOTNOTE(S):

⁽³⁴⁾ **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. [\(Back\)](#)

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



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. #: _____
 Fees: _____

Business License Application Form

RECEIVED
 AUG - 2 2012
 By: [Signature]

Date of Application: 07-16-12
 Property Folio: 5042 34 01 0020

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

Business Information:
 Name of Business: Psychic Readings Business Phone: 954-839-6770
 D/B/A: Josie Johnson Business Fax: _____
 Business Address: 219 N Federal Hwy Dania Bch FL 33004 Emergency #: 954-907-2244 *VALID*
 Mailing Address: 219 N. Federal Hwy, Dania Bch FL 33004 In an Enterprise Zone? _____
 Email Address: Josiepsychic@yahoo.com If yes, # of Employees: _____
 Federal ID (EIN) or Social Security #: 218-78-5158 Dept. of Revenue Sale & Use Tax #: _____

Business Owner(s) Name(s)	Address	DOB	Home Phone
<u>Peggy Lee</u>	<u>3015 W. Sunrise Blvd Ft. Lauderdale FL 33311</u>	<u>2-6-52</u>	<u>954-791-9321</u>

Person Applying for License:
 Name: Josie Johnson Title: _____ (Within company)
 Phone: 954-839-6770 Cell Phone: 321-388-1611 Email: Josiepsychic@yahoo.com

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, Astrology, and fortune teller.
 (Description of use MUST be included with application. Attach additional sheets on company letterhead as needed.)

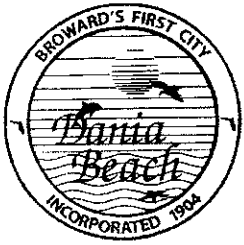
Specialized Information (Fill in only if applicable):
 Restaurant: _____ Service Station: _____ Manufacturer: _____ Beauty Salon: _____ Real Estate: _____
 (Number of seats) (Number of pumps) (Number of employees) (Number of stations) (Number of salespersons)

Insurance/Sanitation Information (REQUIRED):
 Name of Insurance Co: _____ Phone: _____
 Sanitation Company: _____ Phone: _____

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.

[Signature] 07-16-12
 SIGNATURE OF APPLICANT 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.



CITY OF DANIA BEACH
Department of Community Development
Zoning Division

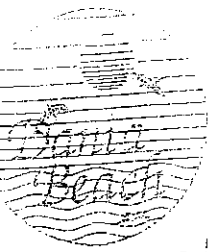
CERTIFICATE OF USE

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

MUST BE POSTED AT BUSINESS LOCATION



CITY OF DANIA BEACH
 COMMUNITY DEVELOPMENT DEPARTMENT
 ZONING DIVISION
 100 W Dania Beach Blvd, Dania Beach, FL 33004
 TEL: 954-924-8305 / FAX: 954-922-2687

CERTIFICATE OF USE APPLICATION

Date of Application: 7/16/12
 Name of Business: Psychic Readings
 DBA: Josie Johnson
 Business Address: 219 W Federal Hwy, Dania Beach
 Building #: _____ Bay/Suite #: _____
 Email: Josie.Psychic@earthlink.net
 Business Owner's Name: Peggy Lee
 Business Owner's Address: 3015 W Sunrise Blvd
 Business Owner's City/State/Zip: FT. LAUD FL 33311

Folio #: 5042340100PC
 Property Zoned: CC
 Business Tel: 954-839-6770
 Business Fax: _____
 Emergency Tel: 954-907-2244
 Square Ft of Bay/Space: _____
 Multi-Tenant Bldg: Yes No
 Home Tel: 954-839-6770
 Alternate Tel: 954-907-2244

CERTIFICATE OF USE APPLIED FOR (CHECK ONE):

- New Business
- Change of Business Name
- Change of Ownership
- Adding or Changing of Use
- Transfer Location (existing business to new location)

PROPOSED USE (DETAILED DESCRIPTION OF ACTIVITIES): Psychic Readings
Astrology, And fortune telling

NOTE: Application must be signed by business owner or authorized corporate officer.

Signature: [Signature] Title: _____
 Printed Name: Josie Johnson Date: 7/16/12

State of Florida: _____
 County of Broward: _____
 The foregoing instrument was acknowledged before me this 31 day of July, 2012 by Josie Johnson
 who is personally know to me or who has produced R.D.L 3525-420-70-1240 as identification, and who did (or did

not) take an oath.
Kristin Milligan
 NOTARY PUBLIC (SEAL)
 MY COMMISSION EXPIRES: 5/30/16



OFFICE USE ONLY: DO NOT COMPLETE BELOW THIS LINE

APPROVED: CERTIFICATE NUMBER: 0118-173
 DENIED: INFORMED APPLICANT VIA: _____

BY (INITIALS): [Signature]
 DATE: 8/2/12



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: 7/16/12

Business Information

Business Name: Psychic Readings
 Business Address: 219 N. Federal Hwy Dania Beach, FL 33004
 City: Dania Beach State: FL ZIP: 33004
 Business Phone: 954-839-6770 Business Fax: _____
 E-Mail Address: Josie psychic@yahoo.com
 Hours of Operation: 10am - 11pm

Owner / Manager Contact Information

Name: Josie Johnson
 Address: 219 N. Federal Hwy Dania Beh FL 33004
 Home Phone: 954-839-6770 Cellular: 321-388-1611

Emergency Contact Information	
Name	Telephone
Walter Miller	954-907-2244
David Miller	954-683-9639

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: 219 North Federal Highway, Dania Beach, FL 33004
LESSEE BAY/UNIT/SUITE #(S): N/A 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]
SIGNATURE OF OWNER OR AGENT

Michael Marcusi
PRINTED NAME

owner
TITLE

631-789-6500
PHONE NUMBER

7-12-12
DATE

State of Florida: New York

County of Broward: Nassau

The foregoing instrument was acknowledged before me this 10 day of July, 2012, by MICHAEL MARCUSI who is personally known to me or who has produced DRIVER'S LICENSE as identification, and who did (or did not) take an oath.

[Signature]

NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIRES: Sept 19, 2013

DARLENE I. CASTRO
Notary Public, State of New York
No. 01CA6133993
Qualified in Nassau County
Commission Expires Sept. 19, 2013

Johnson Joseph

X Sean Silan

219 N. Federal Highway
Dunwoody, Ga. 33008

603-411-1111

04 16 10

USA F W S 01 1102 Exp. Am. Co. H. 11/10

11/10/10



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No Filing History

Fictitious Name Detail

Fictitious Name

PSYCHIC READINGS

Filing Information

Registration Number	G12000068859
Status	ACTIVE
Filed Date	07/10/2012
Expiration Date	12/31/2017
Current Owners	2
County	BROWARD
Total Pages	1
Events Filed	NONE
FEI/EIN Number	NONE

Mailing Address

219 N. FEDERAL HWY
DANIA BEACH, FL 33004

Owner Information

LEE, PEGGY
3015 W. SUNRISE BLVD
FT LAUDERDALE, FL 33311
FEI/EIN Number: NONE
Document Number: NONE

JOHNSON, JOSIE
219 N. FEDERAL HWY
DANIA BEACH, FL 33004
FEI/EIN Number: NONE
Document Number: NONE

Document Images

07/10/2012 -- 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# 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

JOHNSON, 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 ()

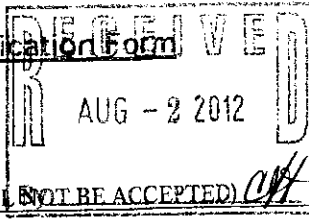
Certified Copy Requested (X)



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: 07-16-12

Property Folio: 5042 34 01 0080

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

Business Information:

Name of Business: Peggy Lee Business Phone: 954 839-6770

D/B/A: PSYCHIC Readings Business Fax: _____

Business Address: 219 N Federal HWY Dania Beach 33004 Emergency #: 954 907-2244

Mailing Address: 219 N Federal HWY Dania Beach FL 33004 an Enterprise Zone? _____

Email Address: _____ If yes, # of Employees: _____

Federal ID (EIN) or Social Security #: 229-65-3878 Dept. of Revenue Sale & Use Tax #: _____

Business Owner(s) Name(s)	Address	DOB	Home Phone
<u>Peggy Lee</u>	<u>3015 W. Sunrise Blvd Ft. Lauderdale FL 33311</u>	<u>2-6-52</u>	<u>954-791-9321</u>

Person Applying for License:

Name: Peggy Lee Title: _____ (Within company)

Phone: 954 839-6770 Cell Phone: _____ Email: _____

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, ASTROLOGY and FORTUNE TELLOR

(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):

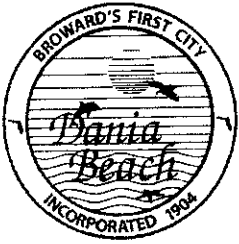
Name of Insurance Co: _____ Phone: _____
 Sanitation Company: _____ Phone: _____

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.

Peggy Lee
 SIGNATURE OF APPLICANT

07-16-12
 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.



CITY OF DANIA BEACH
Department of Community Development
Zoning Division

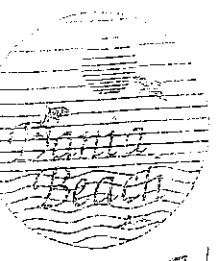
CERTIFICATE OF USE

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

MUST BE POSTED AT BUSINESS LOCATION



CITY OF DANIA BEACH
 COMMUNITY DEVELOPMENT DEPARTMENT
 ZONING DIVISION
 400 W Dania Beach Blvd. Dania Beach, FL 33004
 TEL: 954-924-3305 / FAX: 954-922-2687

CERTIFICATE OF USE APPLICATION

Date of Application: 7/16/12
 Name of Business: Psychic Readings
 DBA: Josie Johnson
 Business Address: 219 N Federal Hwy, Dania Beach
 Building #: _____ Bay/Suite #: _____
 Email: Josie.Psychic@yahoo.com
 Business Owner's Name: Josie Johnson
 Business Owner's Address: 2015 W Sunrise Blvd
 Business Owner's City/State/Zip: FT. LAUDERDALE FL 33311

Parcel #: 504234010080
 Property Zoned: CC
 Business Tel: 954-839-6770
 Business Fax: _____
 Emergency Tel: 954-907-2244
 Square Ft of Bay/Space: _____
 Multi-Tenant Bldg: Yes No
 Home Tel: 954-839-6770
 Alternate Tel: 954-907-2244

CERTIFICATE OF USE APPLIED FOR (CHECK ONE):

- New Business
- Change of Business Name
- Change of Ownership
- Adding or Changing of Use
- Transfer Location (existing business to new location)

PROPOSED USE (DETAILED DESCRIPTION OF ACTIVITIES): Psychic Readings
Astrology, and fortune telling

NOTE: Application must be signed by business owner or authorized corporate officer.

Signature: Josie Johnson
 Printed Name: Josie Johnson

Title: _____
 Date: 7/16/12

State of Florida:
 County of Broward:

The foregoing instrument was acknowledged before me this 31 day of July, 2012 by Josie Johnson who is personally know to me or who has produced FL DL 3525-420-70-13-0 as identification, and who did (or did not) take an oath.

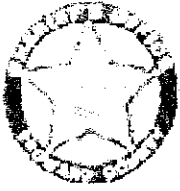
Kristin Milligan
 NOTARY PUBLIC (SEAL)
 MY COMMISSION EXPIRES: 5/30/16



OFFICE USE ONLY: DO NOT COMPLETE BELOW THIS LINE

APPROVED: CERTIFICATE NUMBER: 0012-173
 DENIED: INFORMED APPLICANT VIA: _____

BY (INITIALS): JKJ
 DATE: 8/12/12



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: 07-16-13

Business Information

Business Name: PSYCHIC READINGS

Business Address: 219 N FEDERAL HWY

City: Dania Beach State: FL ZIP: 33004

Business Phone: 954 839-6770 Business Fax: _____

E-Mail Address: Josiepsychic@yahoo.com

Hours of Operation: 10 AM - 11.00 PM

Owner / Manager Contact Information

Name: Josie Johnson

Address: 219 N FEDERAL HWY Dania Beach FL 33004

Home Phone: 954 839-6770 Cellular: 321 388-1611

Emergency Contact Information

Name	Telephone
<u>Walter Miller</u>	<u>954 907-2244</u>
<u>David Miller</u>	<u>954-683-9639</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: 219 North Federal Highway, Dania Beach, FL 33004
LESSEE BAY/UNIT/SUITE #(S): N/A 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]
SIGNATURE OF OWNER OR AGENT

Michael Marcusi
PRINTED NAME

owner
TITLE

631-789-6500
PHONE NUMBER

7-12-12
DATE

State of Florida: New York
County of Broward: NASSAU

The foregoing instrument was acknowledged before me this 12 day of JULY,
2012, by MICHAEL MARCUSI who is personally known to me or who has
produced DRIVER'S LICENSE as identification, and who did (or did not) take an oath.

[Signature]
NOTARY PUBLIC (SEAL)
MY COMMISSION EXPIRES: Sept 19, 2013

DARLENE I. CASTRO
Notary Public, State of New York
No. 01CA6133993
Qualified in Nassau County
Commission Expires Sept. 19, 2013

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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Fictitious Name

PSYCHIC READINGS

Filing Information

Registration Number	G12000068859
Status	ACTIVE
Filed Date	07/10/2012
Expiration Date	12/31/2017
Current Owners	2
County	BROWARD
Total Pages	1
Events Filed	NONE
FEI/EIN Number	NONE

Mailing Address

219 N. FEDERAL HWY
DANIA BEACH, FL 33004

Owner Information

LEE, PEGGY
3015 W. SUNRISE BLVD
FT LAUDERDALE, FL 33311
FEI/EIN Number: NONE
Document Number: NONE

JOHNSON, JOSIE
219 N. FEDERAL HWY
DANIA BEACH, FL 33004
FEI/EIN Number: NONE
Document Number: NONE

Document Images

07/10/2012 -- Fictitious Name Filing

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

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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

JOHNSON, 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)

LEE PEGGY

Xpeggy Lee

3015 W. SWIRELA Blvd
FT. LAUDERDALE FL 33311

ORSA Laboratory, P.O. Box 1040

USA F W 504 190 EXPERT F-13, USA

02 00 02

