



"meeting community needs
.....enhancing quality of life"

LICENSE APPLICATION for ESCORT SERVICE

| | | |
|--------------------------------------|--------------------------|-------------------------|
| FEES ARE NON-REFUNDABLE | | Date Recv'd ___/___/___ |
| License Fee (See Section 6) \$ _____ | Acct. Code CLESRT | |
| Investigation fee + \$7.00 | Acct Code: CLCPIF | |
| Total amount paid \$ _____ | Receipt _____ | |

| | | | |
|---|------|--|---|
| SECTION 1 – NAME OF ESCORT SERVICE | | | |
| Name of Escort Service | | | |
| Street Address | | City | State Zip |
| Escort Service Telephone Number | | Federal Employer Identification Number (required) | |
| The named (check appropriate box) hereby makes application for the operation of an escort service: | | Individual | Partnership Corporation Limited Liability Company |
| What type of Escort Service will you be providing? (e.g. photography, modeling, dancing, etc.) Be specific: | | | |
| What are your hours of operation? AM PM to AM PM | | A copy of your deed, lease or other document pursuant to which you occupy the above listed premises MUST , by ordinance, be attached to this application. | |
| SECTION 2 – CORPORATION / LLC INFORMATION | | | |
| Name of Corporation or LLC | | | |
| Street Address | | City | State Zip |
| Corporation / LLC Telephone Number | | | |
| List names of all officers – Additional Applicant Information Sheet MUST be completed for each officer. | | | |
| President | Last | First | Middle Initial |
| Vice President | Last | First | Middle Initial |
| Secretary | Last | First | Middle Initial |
| Treasurer | Last | First | Middle Initial |
| SECTION 3 – INDIVIDUAL / PARTNERSHIP INFORMATION- Additional Applicant Information Sheet MUST be completed for each person listed. | | | |
| Individual Name | Last | First | Middle Initial |
| Partner Name | Last | First | Middle Initial |
| SECTION 4 – BACKGROUND INFORMATION | | | |
| Have you, your partner(s) or any member of your corporation ever operated an escort service or similar business in this or any other state, county or city? | No | Yes | If Yes, please indicate the name, address and place of operation: |
| Was this license ever revoked or suspended? | No | Yes | If yes, for what reason? |
| Have you ever applied for and been DENIED a license to operate an escort service or similar business? | No | Yes | If Yes, please identify where and for what reason: |

| SECTION 5 – PENALTY SECTION | | | | | |
|---|----------------|------|-------------|-----------------|----------------|
| Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. | | | | | |
| Signature of Applicant: _____ | | | | | |
| SECTION 6 – FEE SCHEDULE | | | | | |
| TYPE | | | | LICENSE FEE | |
| Escort Service License Fee | | | | \$500.00 | |
| Every employee working for the Escort Service - \$500.00 Each: _____ X \$500.00 = | | | | \$ | |
| Investigation Fee - \$7.00 for each Additional Information Sheet: _____ X \$7.00 = | | | | \$ | |
| TOTAL AMOUNT OF FEES TO BE PAID | | | | \$ | |
| FOR OFFICE USE ONLY | | | | | |
| Dept | Approve | Deny | By | Reason | |
| POLICE | | | | | |
| S&L | Common Council | | Date Issued | Expiration Date | License Number |

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799