



Escort Services Regulatory Permit

Please include two (2) recent passport photos taken within the past six (6) months.

Business Information

Business Name: _____

Business Address: _____

Business Mailing Address: _____

Business Phone: _____ **Email:** _____

Applicant Information

Name: _____

Home Address: _____

Phone: _____ **Date of Birth:** _____ **Sex: M or F**

Place of Employment & Address: _____

Three (3) Character Witnesses

1. Name: _____ **Relationship:** _____

Address: _____

Phone: _____

2. Name: _____ **Relationship:** _____

Address: _____

Phone: _____

3. Name: _____ **Relationship:** _____

Address: _____

Phone: _____



Previous Employment

List all places of previous employment for the last two (2) years in for any and all positions held.

Business Name: _____

Business Address: _____

Business Phone: _____ **Dates Employed:** _____

Position: _____

Business Name: _____

Business Address: _____

Business Phone: _____ **Dates Employed:** _____

Position: _____

Business Name: _____

Business Address: _____

Business Phone: _____ **Dates Employed:** _____

Position: _____

This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant’s knowledge, training, and ability, and that no false or misleading statement is made herein to obtain an escort permit. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate and escort service permit issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of an escort permit. All business occupation tax certificates and escort permits expire December 31 and must be renewed annually.

Signature: _____ **Printed Name:** _____

Date: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public Signature: _____

Please Attach Original Passport Photograph (front view) taken within the past six (6) months (copies are not acceptable).