



## City of Scottsdale ESCORT BUREAU/INTRODUCTORY SERVICE APPLICATION

\_\_\_\_\_  
Escort Service Number

\_\_\_\_\_  
Escort Ord. to Applicant Date & Initial

Fee(s) \_\_\_\_\_

\_\_\_\_\_  
General Provisions Ord. to Applicant Date & Initial

**NOTE: ACCURACY IS IMPORTANT -- PLEASE TYPE OR PRINT IN INK**

**To Applicant:** Check all of your answers for accuracy. Your background investigation will be conducted from information supplied on this form. Do not leave any of the spaces blank. If they do not apply to you, write in the letters N/A indicating not applicable.

### BUSINESS INFORMATION

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

Business Location Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Type of Ownership: Individual  Partnership  Corporation  Corp. Name: \_\_\_\_\_

| Name of Owner, Partner(s) or Officers | Title | Birth Date | Home Address | Mobile Phone |
|---------------------------------------|-------|------------|--------------|--------------|
|---------------------------------------|-------|------------|--------------|--------------|

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
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|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
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### OWNER/APPLICANT INFORMATION

1. Applicant Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) by which applicant has been known (include prior married name(s)) \_\_\_\_\_

2. Present Residential Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

3. Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Scars, tattoos, etc.: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_

5. Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_



9. Have you or your business ever been refused any similar license or permit; or has any similar license or permit been revoked or suspended?

Yes  No  If yes, please give explanation: \_\_\_\_\_

**EMPLOYEE INFORMATION**

10. List all persons employed as escort(s):

| Name | Residential Address |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |

11. Person responsible for records at business location: \_\_\_\_\_

12. Legal Agent: \_\_\_\_\_

**EMPLOYEE INFORMATION**

A. A complete description of the exact nature of the business to be conducted, including office organization, advertising theme and method, employee qualifications and copies of contracts to be used with escorts and patrons.

B. Written plan setting forth the method of operation of the escort bureau, which shall include, but not be limited to:

1. The hours that the escort bureau will be open to the public, including all hours any escorts are with a patron; and
2. The methods of supervision of employees to prevent the escort from charging the patron any fee which is in addition to the fee paid to the escort bureau or introductory service by the patron; and
3. The methods of supervision which will prevent the escorts from soliciting acts of prostitution or offering sexual stimulation or sexual gratification; and
4. A statement disclosing the names of all persons who have invested in the proposed escort bureau and the names of all persons who will share in or receive a percentage of the profit or return from the proposed escort bureau; and
5. The method of compensating escorts.

C. Proof that the applicant is a United States citizen, or lawful resident alien or an alien who is authorized to work by the United States Department of Justice Immigration and Naturalization Service. Please attach a copy of each of the following:

1. Birth Certificate
2. Driver's License

**I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature



**ACKNOWLEDGMENT of UNDERSTANDING  
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # \_\_\_\_\_

DATE: \_\_\_\_\_

Business Name \_\_\_\_\_

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

**I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.**

Representative / Applicant Name: \_\_\_\_\_

Representative / Applicant Title: \_\_\_\_\_

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

CSR Initials \_\_\_\_\_