



Business Services
 Office location - 7447 E. Indian School Road, #110
 Scottsdale, AZ 85251
 Telephone - (480) 312-2400
 Web - www.ScottsdaleAZ.gov/licenses

 Escort Number

 Escort Ord. Date & Initial

 General Provisions Date & Initial

City of Scottsdale
ESCORT/ESCORT ASSISTANT
PERMIT APPLICATION

Fee(s) _____

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.

1. Legal Name: Last _____ First _____ Middle _____

Other name(s) for prior 5 yrs. by which applicant has been known (include prior married name(s)) _____

2. Present Residential Address: _____

City _____ State _____ Zip _____

3. Home Phone: _____ Business Phone: _____ Email Address: _____

Business Name: _____

Business Address: _____

4. Height _____ Weight _____ Hair _____ Eyes _____

Scars, tattoos, etc.: _____

5. Date of Birth: _____ Place of Birth: _____ SS# _____

6. Driver's License #: _____ State _____ Expires _____

7. List all felony and misdemeanor convictions excluding minor traffic offenses for the last five (5) years.

8. List all former residential addresses for the last five (5) years beginning with your present address:

Address	City	State	From (Date)	To (Date)

9. Employment/Prior Business: Begin with most recent job. List all employment for past three (3) years.

Employment Date From - To	Employer Name and Address	Title & Duties	Supervisor's Name	Reason for Leaving

May we contact your present employer? Yes No Reason why not: _____

10. Have you or your business ever been refused any similar license or permit; or has any similar license or permit been revoked or suspended?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: _____
(Please use additional paper if necessary)

Additional information required:

Proof that the applicant is a United States citizen, or lawful permanent 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 _____