



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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____

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

Address	City	State	From (Date)	To (Date)

7. Convictions

Have you ever been convicted in any jurisdiction, including a military court, within the past five year period of any felony; or a misdemeanor involving fraud, theft, dishonesty, assaultive conduct or moral turpitude. Convictions set aside or expunged from court records or if you have pleaded "no contest" must be included. You must also answer yes if you are presently pending trial or other court proceedings for any of the offenses listed above even though you have not been convicted. Yes No

OFFENSE	WHERE OFFENSE OCCURRED	DATE OF OFFENCE	DATE OF CONVICTION	COURT(S) ENTERED INTO

BUSINESS HISTORY

8. Employment/Prior Business: Begin with most recent job. List all employment for past three 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: _____

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 _____