



*"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. 11030.4323	
Investigation fee \$ _____	Acct. 100.2359	
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 <input type="checkbox"/>	Partnership <input type="checkbox"/>
		Corporation <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
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 <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, please indicate the name, address and place of operation: _____
Was this license ever revoked or suspended?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, for what reason? _____
Have you ever applied for and been DENIED a license to operate an escort service or similar business?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	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

11-01-09

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

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



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**Attach Information Sheets to the ESCORT SERVICE
LICENSE APPLICATION**

ESCORT SERVICE

ADDITIONAL APPLICANT(S) INFORMATION SHEET

An additional information sheet MUST BE COMPLETED for every employee, individual or partner, and each officer of a corporation or each stockholder holding 10% or more of the stock or beneficial ownership.

SECTION 1 – BUSINESS INFORMATION

Name of Escort Service

SECTION 2 – APPLICANT INFORMATION - Answer all questions

Name	Last	First	Middle Initial	Date of Birth	Male	Female
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Address	City	State	Zip
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If less than 10 years at the above address, list all addresses in the last ten year period (Attach additional sheets, if necessary)

Address	City	State	Zip
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Address	City	State	Zip
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Address	City	State	Zip
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Driver’s License Number	State Issued In	Telephone Number
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List all working name(s) you will be using:

Employment History – Business ,Occupation or employment of applicant for 10 years immediately preceding the date of application (Attach additional sheets, if necessary)

Business Name/Employer

Address	City	State	Zip
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Business Name/Employer

Address	City	State	Zip
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Business Name/Employer

Address	City	State	Zip
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SECTION 3 - BACKGROUND INFORMATION

Have you EVER been convicted on any federal or state criminal charges?	No	Yes
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Have you EVER been convicted on any city ordinance violations?	No	Yes
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Have you EVER forfeited bond or plead nolo contendere, or no contest on any charges?	No	Yes
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Please describe in detail all Yes answers:

SECTION 4 – PENALTY NOTICE

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: _____

FOR OFFICE USE ONLY

Police		Approve		Deny	By	Reason
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ESCORT SERVICE LICENSE

- Escort Service Licenses for the City of Appleton are issued for a calendar year, expiring on December 31. The process to obtain an Escort Service License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from the Police Department, the Safety and Licensing Committee and the Common Council. Escort Service Licenses contain a current photo of the license holder – these are taken at the City Clerk’s office
- To apply for an Escort Service License, file your completed, signed application form with the City Clerk’s office.
- License fees are non-refundable and are to be paid at the time of filing the application form. The fee for an Escort Service License is \$507.00 - \$500.00 application fee plus \$7.00 Police investigation fee.
NOTE: Additional employees are required to complete the “Escort Service Additional Applicant Information Sheet and pay a fee of \$507.00.
- QUESTIONS? Please call 832-6443.