



FEES ARE NON-REFUNDABLE Date Recv'd ___/___/___

License Fee (see Section 6) \$ _____

Investigative Fee \$ _____

Total Amount Paid \$ _____

**ESCORT SERVICE
LICENSE APPLICATION**

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 services.		Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Liability Corporation <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? _____ a.m./p.m. to _____ a.m./p.m.		A copy of your deed, lease, or other document pursuant to which you occupy the above listed premises must be attached to this application.		

SECTION 2 – CORPORATION /LLC INFORMATION

Name of Corporation or LLC			
Street Address		City	State
Corporation/LLC Telephone Number			

List Names of all officers – Additional Applicant Information Sheet *MUST* be completed by 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
Partner Name	Last	First	Middle Initial

SECTION 4 – BACKGROUND INFORMATION

Have you, your partner(s), or any members of your corporation ever operated an escort service or similar business in this or any other state, county, or city?	NO	YES	If yes, please indicate the name, address, and place of operation.
Was this license ever revoked or suspended?	NO	YES	If yes, for what reason?
Have you ever applied for and been denied a license to operate an escort service or similar business	NO	YES	If yes, 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 - FEES

Fee Type	Fee Amount
Escort Service License Fee	\$500.00
Employee License Fee @ \$100.00 per employee: _____ employees x \$100.00	\$
Investigation Fee - \$7.00 for each Additional Information Sheet: _____ X \$7.00	\$
TOTAL AMOUNT OF FEES TO BE PAID:	\$

FOR OFFICE USE ONLY

Police Department	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	If denial, reason:	
Finance Committee	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	If denial, reason:	
Common Council	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Issue Date:	Expiration Date:

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

Return Application to: Common Council, 900 Quay Street, Manitowoc, WI 54220