



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 | Zip |
| 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, c/o City Clerk, 900 Quay Street, Manitowoc, WI 54220