Customer Service Division
Office location - 7447 E. Indian School Road, #110
Scottsdale, AZ 85251
Mailing Address - 3939 N. Drinkwater Blvd.
Scottsdale, AZ 85251
Telephone - (480) 312-2400
Web - www.ScottsdaleAZ.gov/licenses

PC - 2001

City of Scottsdale
ESCORT/INTRODUCTORY SERVICE APPLICATION

_____
Escort Service Number

_____ Fee(s) _____
Escort Ord. to Applicant Date & Initial

_____
General Provisions Ord. to Applicant Date & Initial

NOTE: ACCURACY IS IMPORTANT -- PLEASE USE TYPEWRITER 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 _____

Type of Ownership: Individual ☐ Partnership ☐ Corporation ☐ Corp. Name: _____

Name of Owner, Partner(s) or Officers	Title	Birth Date	Home Address	Home 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. The applicant shall submit 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

FOR OFFICE USE ONLY

_____ _____

Approved/Denied C.I.B. Signature