



**FEES ARE NON-REFUNDABLE**      Date Recv'd \_\_\_/\_\_\_/\_\_\_  
 License Fee (See Section 6) \$ \_\_\_\_\_      Acct. **11030.4323**  
 Total amount paid      \$ \_\_\_\_\_      Receipt No. \_\_\_\_\_

**ESCORT SERVICE LICENSE APPLICATION**

|   |      |  |  |
|---|------|--|--|
| <b>SECTION 1 – NAME OF ESCORT SERVICE</b>   |      |  |  |
| 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:  |      | <input type="checkbox"/> Individual  | <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company |
| What type of Escort Service will you be providing? (e.g. photography, modeling, dancing, etc.) Be specific:   |      |  |  |
| What are your hours of operation?<br><br>AM PM to     AM PM   |      | A copy of your deed, lease or other document pursuant to which you occupy the above listed premises <b>MUST</b> , by ordinance, be attached to this application. |  |
| <b>SECTION 2 – CORPORATION / LLC INFORMATION</b>  |      |  |  |
| Name of Corporation or LLC  |      |  |  |
| Street Address  |      | City   | State      Zip   |
| Corporation / LLC Telephone Number  |      |  |  |
| List names of all officers – Additional Applicant Information Sheet <b>MUST</b> 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   |
| <b>SECTION 3 – INDIVIDUAL / PARTNERSHIP INFORMATION- Additional Applicant Information Sheet <b>MUST</b> be completed for each person listed.</b>            |      |  |  |
| Individual Name   | Last | First  | Middle Initial   |
| Partner Name  | Last | First  | Middle Initial   |
| <b>SECTION 4 – BACKGROUND INFORMATION</b>   |      |  |  |
| 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   | 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, 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 = | \$          |
| <b>TOTAL AMOUNT OF FEES TO BE PAID</b>  | \$          |

**FOR OFFICE USE ONLY**

| Dept   | Approve     | Deny            | Reason         |
|--|-------------|-----------------|----------------|
| POLICE   |             |                 |                |
| PSSC   |             |                 |                |
| Comm. Dev. (Location Approval per Code Section 4-362(G)) |             |                 |                |
| Common Council   | Date Issued | Expiration Date | License Number |

**Return application to: City Clerk, 211 Walnut Street, Neenah, WI 54956**