



CITY OF CHANDLER
APPLICATION FOR ESCORT BUREAU
OR INTRODUCTORY SERVICE PERMIT

Nonrefundable Application Fee: \$50

Permit Fee: \$350

Fingerprinting Fee: \$22 Money Order Only - Made Payable to "DPS"

Section 1: Must be completed by individual, or if a corporation or partnership by an officer or general partner (as the case may be) who has been designated to act as its responsible managing officer. Applicant must personally appear at the Chandler Police Department for fingerprinting. The following item must accompany the application:

Two 2"x2" pictures (head, shoulders) taken within the last 60 days.

1. Business/Trade Name:

2. Address of Business:

3. City/State: Zip Phone

4. True Name of Person Applying (Applicant):

List any other names or aliases you have used (includes maiden name):

5. Applicant's current residence address:

Phone

6. Applicant's residence addresses (Last 5 Years). Attach additional sheet if necessary:

Date (from/to) Address City/State/Zip

7. Applicant's business addresses (Last 5 Years). Attach additional sheet if necessary:

Date (from/to) Address City/State/Zip

8. Arizona Driver's License No. _____, or
Arizona ID No. _____, or
Military ID No. _____ Expiration Date: _____

9. Applicant's Social Security Number: _____

10. Applicant's Date of Birth: _____ (Must submit proof of age of majority).
Height _____ Weight _____ Eye Color _____ Hair Color _____

11. Business, Occupation, or Employment History (Last 3 Years):

Date (from/to)	Business Name	Address	City/State/Zip

12a. List any licenses or permits held for the last 5 years; state if any have been revoked or suspended: (Include concealed weapon permit information here.)

Type of License/Permit	License Number	Issuing Agency	Phone #	City/State	Dates Valid	Rev/Sus (Y/N)?

12b. If revoked or suspended, provide the details below listing the date and reason(s):

13a. Have you ever been convicted of a felony or misdemeanor, excluding minor traffic violations (any traffic offense designated as a felony shall not be construed as a minor traffic offense)?
Yes ___ No ___

13b. If "yes" provide details (date, place, nature, and sentence):

Detailed description of service to be provided:

15. Names and residential addresses of all persons employed or intended to be employed as escorts:

Driver's License Number/ Name	Address	City/State	Phone	Social Security Number

Section 2: TO BE COMPLETED IF THE OWNER IS A PARTNERSHIP OR CORPORATION

16. Owner is a: Partnership Limited Partnership Corporation LLC

If the owner is a limited partnership, you must submit with this application a certified copy of the Certificate of Partnership on file with the Arizona office of the Secretary of State.

If the owner is an Arizona corporation or LLC, you must submit with this application a certified copy of the Articles of Incorporation (Charter) on file with the Arizona Corporation Commission.

If the owner is an out-of-state corporation or LLC, you must submit with this application a certified copy of the Certificate of Authority on file with the Arizona Corporation Commission.

17. Corporation, LLC or Partnership name: _____

18. Mailing Address: _____

City _____ State _____ Zip _____ Phone _____

19. If a corporation or LLC: Date of Incorporation _____ State of Incorp. _____

20. Partners, Members, or Corporate Officers (for partnerships, list all partners. For limited partnerships, LI.'s and Corporations, list all with partners, members, directors, or officers holding interest in excess of 5%. For corporations include all current officers. Attach additional sheet if necessary):

(a) Name/Title _____ Social Security # _____

Home Address _____ Zip _____

Driver's License # _____ Date of Birth _____ Interest % _____

(b) Name/Title _____ Social Security # _____

Home Address _____ Zip _____

Driver's License # _____ Date of Birth _____ Interest % _____

(c) Name/Title _____ Social Security # _____

Home Address _____ Zip _____

Driver's License # _____ Date of Birth _____ Interest % _____

(d) Name/Title _____ Social Security # _____

Home Address _____ Zip _____

Driver's License # _____ Date of Birth _____ Interest % _____

(e) Name/Title _____ Social Security # _____

Home Address _____ Zip _____

Driver's License # _____ Date of Birth _____ Interest % _____

Section 3. Signature/Certification.

I certify by the signature below that I am the owner or managing officer, partner, or member. I certify that all information presented is true and correct. I agree to submit any changes in this application within 24 hours (1 business day) of such change. I understand that a false swearing or filing of misleading information is a violation of ARS 13-2703, which constitutes a Class 6 felony.

Signature of Applicant

Date

State of Arizona

County of Maricopa

On _____, 20____, _____ personally appeared before me,

____ who is personally known to me

____ whose identity I proved on the basis of _____,

