



# CITY OF CHANDLER APPLICATION FOR ESCORT BUREAU OR INTRODUCTORY SERVICE PERMIT

Nonrefundable Application Fee: \$50

Permit Fee: \$350

**Fingerprinting Fee: \$22.00** \_\_\_\_\_ 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 List any licenses or permits held for the last 5 years; state if any have been revoked or suspended: (Include concealed weapon permit information here.)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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Detailed description of service to be provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Name	Address	City/State	Phone	Driver's License Number/ 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 \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Interest % \_\_\_\_\_

(b) Name/Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Interest % \_\_\_\_\_

(c) Name/Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Interest % \_\_\_\_\_

(d) Name/Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Interest % \_\_\_\_\_

(e) Name/Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Drivers 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 \_\_\_\_\_, 2009, \_\_\_\_\_ personally appeared before me,

\_\_\_\_\_ who is personally known to me

\_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_,

\_\_\_\_\_ whose identity I proved on the oath/affirmation of

\_\_\_\_\_, a credible witness

to be the signer of the above document and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public

**OFFICE USE ONLY**

**POLICE DEPARTMENT RECOMMENDATION:**

\_\_\_\_\_ Approval    \_\_\_\_\_ Denial

\_\_\_\_\_  
Chief of Police (signature)

\_\_\_\_\_  
Date

Reason, if denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MANAGEMENT SERVICES DEPARTMENT / TAX AND LICENSE DIVISION:**

Fees paid: \_\_\_\_\_ Privilege License No.: \_\_\_\_\_ Certificate of Occupancy: \_\_\_\_\_

Escort/Introductory Service Permit No.: \_\_\_\_\_