

CITY OF CHANDLER APPLICATION FOR ESCORT OR ESCORT BUREAU RUNNER PERMIT

Nonrefundable Application Fee: \$50

Permit Fee: \$100

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

Section 1: Application must be completed by individual. Applicant must personally appear at the Chandler Police Department for fingerprinting. The following items must accompany the application:

- 1. Evidence of employment or an offer of employment by a Chandler permitted agency.
- 2. A certificate from a medical doctor licensed to practice in Arizona issued within the last 30 days that applicant is free from any contagious or communicable disease.
- 3. 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):	me 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 additio	onal sheet if necessary:								
	Date (from/to) Address	City/State/Zip								

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8.	Arizona Driver's License No			Expiration Date:			
9.	Applicant's Social	Security Number:					
10.	. Applicant's Date of Birth:		((Must submit proof of age of majority).			
	Hair	Weight		Eye Color _		_ Hair Color	
11.	Business, Occupa	ition, or Employment	History (L	ast 3 Years):			
	Date (from/to)	Business Name		Address		City/State/Zip	
12á	. List any licenses or permits held for the last 5 years; state if any have been revoked or suspended: (Include concealed weapon permit information here.)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)?
12k	o. If revoked or sus	pended, provide the	details be	low listing th	e date and r	eason(s):	
13a	a. 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	_					
13k	o. If "yes" provide d	letails (date, place, na	iture, and	sentence):			
14	Detailed descript	ion of service to be p	rovided:				
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Section 3. Signature/Certification.

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 ______, _____ 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: _____ ID Card issued: ____ Escort Permit #: ____ Escort/Introductory Service Permit # (Master Account):

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