



# CITY OF CHANDLER APPLICATION FOR ESCORT OR ESCORT BUREAU RUNNER PERMIT

**Nonrefundable Application Fee: \$50**

**Permit Fee: \$100**

**Fingerprinting Fee: \$22.00** \_\_\_\_\_ 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): \_\_\_\_\_

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. \_\_\_\_\_ 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, Occupation, or Employment History (Last 3 Years):

Date (from/to)	Business Name	Address	City/State/Zip
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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 List any licenses or permits held for the last 5 years; state if any have been revoked or suspended: (Include concealed weapon permit information here.)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)?
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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: \_\_\_\_\_


**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): \_\_\_\_\_