

## CITY OF GLENDALE ESCORT / ESCORT SERVICE LICENSE APPLICATION

Initial License Application \$250.00     
  Renewal License Application \$250.00     
  Late Penalty \$100.00

For the license period beginning \_\_\_\_/\_\_\_\_/\_\_\_\_; ending \_\_\_\_/\_\_\_\_/\_\_\_\_

The named  Individual     Corporation     Partnership     Limited Liability Company hereby makes application for one of the following licenses within the City of Glendale, Milwaukee County, State of Wisconsin.

**Escort License**      Includes any person who, for a fee, commission, salary, hire, profit, payment or other monetary consideration accompanies or offers to accompany another person to or about social affairs, entertainments or places of amusement or consorts with another person about any place of public resort or within any private quarters.

**Escort Service License**      Includes service provided by any person who, for a fee, commission, salary, hire, profit, payment or other monetary consideration, furnishes or offers to furnish names of persons, or who introduces, furnishes or arranges for persons who may accompany other persons to or about social affairs, entertainments or places of amusement, or who may consort with others about any place of public resort or within any private quarters.

**APPLICATION REVIEW PROCESS:**

- #1) The City Clerk shall notify the Police Chief, Building Inspector & Common Council of the pending application.
- #2) The premises shall be inspected to be sure it will comply with regulations, ordinances and laws applicable.
- #3) The application for an escort will be referred directly to the Police Chief who shall supply a report within 10-days.
- #4) Within 30-days the Common Council shall grant or deny the license(s).

**INDIVIDUAL**

Last, First and Middle Name		Height	Weight	Eye Color	Hair Color
Other Names Known As; Last, First and Middle Name (for the previous 5-years)			Phone Number		
Driver's License Number	State Issued by	Date of Birth			
Residential Address		City		State	Zip
Previous Address(es) Within the Last Three (3) Years		City		State	Zip

- Photo Identification Provided
- A Complet Set of Fingerprints Provided
- Two (2) Passport-Size Color Photographs Provided ~ Taken Within (3) Months of the Date of Application

**EMPLOYMENT HISTORY FOR THE LAST THREE (3) YEARS ~ Use additional sheets, if necessary.**

Name of Current Employer / Escort Service		Dates of Employment From		To	
Address		City		State	Zip
Phone Number	Fax Number	Supervisor			





Name of Employer		Dates of Employment From		To	
Address		City		State	Zip
Phone Number	Fax Number	Supervisor			

Name of Employer		Dates of Employment From		To	
Address		City		State	Zip
Phone Number	Fax Number	Supervisor			

**CORPORATION**

Name of Corporation exactly as set forth in its articles of incorporation					
Date of Incorporation:			State of Incorporation:		
Physical Address of Business:			City		State Zip
Phone Number	Fax Number	Website Address			
Mailing Address if Different from Above:			City		State Zip

**List each of its officers, directors and / or stockholders holding five percent (5%) or more of the stock or beneficial ownership of the corporation:**

Last, First and Middle Name		Title	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip
			
Last, First and Middle Name		Title	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip
			
Last, First and Middle Name		Title	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip
			
Last, First and Middle Name		Title	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip
			

**PARTNERSHIP / LIMITED LIABILITY COMPANY**

Name of the Partnership or Limited Liability Company			
Physical Address of Business:		City	State Zip
Mailing Address if Different from Above:		City	State Zip
Phone Number	Fax Number	Website Address	

**List each of the partners**

Last, First and Middle Name		Phone Number	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip

Last, First and Middle Name		Phone Number	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip

Last, First and Middle Name		Phone Number	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip

**AGENT**

Last, First and Middle Name		Phone Number	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip

**LIST ANY MUNICIPAL, STATE AND FEDERAL CONVICTIONS** within the last five (5) years.

Issued to		
Charge	Municipality	Date
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		
Penalty		

Issued to		
Charge	Municipality	Date
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		
Penalty		

Issued to		
Charge	Municipality	Date
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		
Penalty		

**LIST ANY PENDING CHARGES**

Citation Issued to		
Pending Charge  <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Municipality	Date
Citation Issued to		
Pending Charge  <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Municipality	Date

**DESCRIPTION OF THE NATURE AND SCOPE OF PROPOSED BUSINESS OPERATION**

Briefly explain			
Proposed Physical Place of Business (Including Suite #)	City	State	Zip
Mailing Address if Different	City	State	Zip
Person Having Custody of Business Records	Phone Number		

**LIST ALL PREVIOUS PERMITS OR LICENSES HELD FOR ESCORT / ESCORT SERVICES**

License Number	Dates Held	City	State	<input type="checkbox"/> Currently Held <input type="checkbox"/> Expired <input type="checkbox"/> Revoked / Suspended
License Number	Dates Held	City	State	<input type="checkbox"/> Currently Held <input type="checkbox"/> Expired <input type="checkbox"/> Revoked / Suspended
License Number	Dates Held	City	State	<input type="checkbox"/> Currently Held <input type="checkbox"/> Expired <input type="checkbox"/> Revoked / Suspended

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that information provided above is truthful to the best of the knowledge of the signer(s). Signer(s) agree to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of limited liability companies must sign.) Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

\_\_\_\_\_  
Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

\_\_\_\_\_  
Officer of Corporation/Member/Manager of Limited Liability Company/Partner

\_\_\_\_\_  
Officer of Corporation/Member/Manager of Limited Liability Company/Partner

\_\_\_\_\_  
Officer of Corporation/Member/Manager of Limited Liability Company/Partner

**SUBSCRIBED AND SWORN TO BEFORE ME**

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Notary Public

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_