



City of Phoenix

ESCORT BUREAU LICENSE APPLICATION

Account # _____ (staff use only)

Application Fee: \$290.00; Annual License Fee: \$130.00.

ALL APPLICATION FEES ARE NON-REFUNDABLE (P.C.C. § 10-98) AND SUBJECT TO ANNUAL REVIEW.

1. Date: _____ **2. Check One:** New Application Renewal Application

3. Applicant (Business Owner): *If an individual, list full name. If a fictitious entity, list exact name of the entity as set forth in the organizational documents and list individual persons below in section #5.*

4. Ownership Type: (Check one)
 Individual Corporation
 Partnership LLC
 Other (specify) _____

5. Specific Applicant Information:

For All Businesses: List any managers of the business.

For a Corporation: List all officers and directors, and shareholders who hold more than 10% of the shares of the corporation.

For a Non-Corporate Business: List any person who shares in the profits of the business on the basis of gross or net revenue.

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Each manager and person financially interested listed in this section must complete and attach a separate "Application Information for Manager or Person Financially Interested" form.

Provide the name, address and phone number of your STATUTORY AGENT:

6. Business Name ("dba"): *This name will be used for filing and reporting purposes and should appear on all City correspondences.*

7. Other Business Names to be Used: *Using any business name not listed below or otherwise reported to the City Clerk may violate City Code and could result in civil and/or criminal penalties.*

8. "Open Office" Location: _____
[As defined in P.C.C. § 10-87(K)] Street Address (include Apt./Suite #), City, State, Zip

9. Mailing Address for City Notices: _____
Street Address (include Apt./Suite #), City, State, Zip

10. Main Business Phone Number:
()

11. Business Fax Number:
()

12. Business Email:

13. List ALL other telephone numbers used by the business: *Using any telephone number not listed below may violate City Code and could result in civil and/or criminal penalties.*

14. Describe any services to be provided by the business (Be Specific):

By signing this application, I affirm that the services to be provided will not involve those of a sexually oriented escort or escort bureau. (INITIAL: _____)

PLEASE COMPLETE SECOND PAGE

ESCORT BUREAU APPLICANT INFORMATION FORM OWNERSHIP TYPE - INDIVIDUAL

Business Name ("dba"): _____	Account #: _____
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15. Applicant's Full Legal Name: _____

16. All other names used in the past 5 years: <i>Include any shortened or maiden names. If none, write "NONE."</i>	17. Place of Birth: _____	18. Date of Birth: ____ / ____ / ____	
	19. Height: _____	20. Weight: _____	21. Eye Color: _____
	22. Hair Color: _____		

23. Applicant's Residence Address: _____
Street Address (include Apt./Suite #) City, State, Zip

24. Previous Addresses for Applicant for the past 5 years: *Attach additional pages if needed.*

<i>Street Address (include Apt./Suite #)</i>	<i>City, State, Zip</i>	<i>Dates</i>
_____	_____	_____
<i>Street Address (include Apt./Suite #)</i>	<i>City, State, Zip</i>	<i>Dates</i>
_____	_____	_____

25. Home Phone Number: () ()	26. Message Number: () ()	27. Email Address: _____
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28. Employment History for the past 5 years: *Attach additional pages if needed.*

<i>Business Name</i>	<i>Address</i>	<i>Position Held</i>	<i>Dates</i>
_____	_____	_____	_____
<i>Business Name</i>	<i>Address</i>	<i>Position Held</i>	<i>Dates</i>
_____	_____	_____	_____
<i>Business Name</i>	<i>Address</i>	<i>Position Held</i>	<i>Dates</i>
_____	_____	_____	_____

29. Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.

Have you provided acceptable proof of age with this application? No Yes **Type:** _____

30. Have you ever been convicted of, entered a plea of guilty or "no contest" to, or do you have any outstanding warrants for your arrest for any felony or misdemeanor offense?

No Yes *If "yes", please list the date, jurisdiction and disposition:* _____
_____ Additional info attached

31. Have you ever had a business license denied, suspended, or revoked?

No Yes *If "yes", please list the date, jurisdiction, and reason:* _____
_____ Additional info attached

32. Have you received a copy of the Phoenix City Code sections regulating Escort Bureaus? No Yes

33. I swear under penalty of perjury that I have read the foregoing application and that all of the information and statements made herein are true and correct.

Applicant Signature	Title (if applicable)	Date
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For Staff Use Only		
Fingerprints <input type="checkbox"/>	Cashier <input type="checkbox"/>	Staff Initials
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
_____ License Services Supervisor	_____ <input type="checkbox"/> NSD <input type="checkbox"/> Planning <input type="checkbox"/> Police	
_____ Date	_____ Date	

Attach memo if recommending disapproval.

ESCORT BUREAU APPLICANT INFORMATION FORM

OWNERSHIP TYPE - FICTITIOUS ENTITY (BUSINESS)

All information requested on this form is for the fictitious entity (business).

Business Name ("dba"): _____	Account #: _____
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15. Applicant's Full Legal Name (Business Entity): _____

16. All other DBA names used in the past 5 years: <i>If none – write "NONE."</i>	17. Place of Formation:
	18. Date of Formation: / /

19. Applicant's Address (Business Entity): _____
Street Address (include Apt./Suite #), *City, State, Zip*

20. Previous Addresses for Applicant (Business Entity): *List all addresses for the past 5 years, attach additional sheets if needed.*

<i>Street Address (include Apt./Suite #),</i>	<i>City, State, Zip</i>	<i>Dates</i>
_____	_____	_____
<i>Street Address (include Apt./Suite #),</i>	<i>City, State, Zip</i>	<i>Dates</i>
_____	_____	_____

21. Phone Number: ()	22. Message Number: ()	23. Email Address:
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24. Has a copy of the entity's articles of incorporation, articles of organization, partnership agreement, or other organizational document been included with this application?

No Yes

25. Has the entity ever been convicted of, or entered a plea of guilty or "no contest", to any felony or misdemeanor offense?

No Yes *If "yes", please list the date, jurisdiction and disposition:*

____ Additional info attached

26. Has the entity ever had a business license denied, suspended, or revoked?

No Yes *If "yes", please list the date, jurisdiction, and reason:*

____ Additional info attached

27. I swear under penalty of perjury that I have read the foregoing application and that all of the information and statements made herein are true and correct.

_____ Printed Name	_____ Title	_____ Signature	_____ Date
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For Staff Use Only		
Corporate Docs <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Cashier <input type="checkbox"/>	Staff Initials _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ License Services Supervisor _____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ <input type="checkbox"/> NSD <input type="checkbox"/> Planning <input type="checkbox"/> Police _____ Date	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Attach memo if recommending disapproval. </div>

ESCORT BUREAU APPLICATION INFORMATION FOR MANAGER OR PERSON FINANCIALLY INTERESTED

Business Name ("dba"): _____	Account #: _____
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15. Applicant's Full Legal Name: _____

16. All other names used in the past 5 years <i>Include any shortened or maiden names. If none, write "NONE."</i>	17. Place of Birth: _____	18. Date of Birth: / /	
19. Height: _____	20. Weight: _____	21. Eye Color: _____	22. Hair Color: _____

23. Applicant's Residence Address: _____
Street Address (include Apt./Suite #), City, State, Zip

24. Previous Addresses for Applicant for the past 5 years: *Attach additional pages if needed.*

<i>Street Address (include Apt./Suite #),</i> _____	<i>City, State, Zip</i> _____	<i>Dates</i> _____
<i>Street Address (include Apt./Suite #),</i> _____	<i>City, State, Zip</i> _____	<i>Dates</i> _____

25. Home Phone Number: () ()	26. Message Number: () ()	27. Email Address: _____
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28. Employment History for the past 5 years: *Attach additional pages if needed.*

<i>Business Name</i>	<i>Address</i>	<i>Position Held</i>	<i>Dates</i>

29. Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.

Type of I.D.: _____	I.D. Number: _____	State: _____	Expires: _____
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30. Have you ever been convicted of, entered a plea of guilty or "no contest" to, or do you have any outstanding warrants for your arrest for any felony or misdemeanor offense?

No Yes *If "yes", please list the date, jurisdiction and disposition:* _____

_____ Additional info attached

31. Have you ever had a business license denied, suspended, or revoked?

No Yes *If "yes", please list the date, jurisdiction, and reason:* _____

_____ Additional info attached

32. Have you received a copy of the Phoenix City Code sections regulating Escort Bureaus? No Yes

33. I swear under penalty of perjury that I have read the foregoing application and that all of the information and statements made herein are true and correct.

_____ Applicant Signature	_____ Title (if applicable)	_____ Date
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For Staff Use Only		
Fingerprints	Cashier	Staff Initials
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ License Services Supervisor _____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ <input type="checkbox"/> Police _____ Date	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Attach memo if recommending disapproval. </div>



City of Phoenix
CITY CLERK DEPARTMENT
LICENSE SERVICES

ADDITIONAL APPLICATION INFORMATION

The following information is provided pursuant to Arizona Revised Statutes (A.R.S.) Section 9-834(H).

9-834. Prohibited acts by municipalities and employees; enforcement; notice

- A. A municipality shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.
- B. Unless specifically authorized, a municipality shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C. This section does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes.
- D. A municipality shall not request or initiate discussions with a person about waiving that person's rights.
- E. This section may be enforced in a private civil action and relief may be awarded against a municipality. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a municipality for a violation of this section.
- F. A municipal employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the municipality's adopted personnel policy.
- G. This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.

A full copy of the Arizona Revised Statutes may be found on-line at: www.azleg.gov.