

CITY OF PEWAUKEE

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 Pewaukee, Waukesha 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 & Fire 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 and he 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 |
| ----- | | | | |
| 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 _____/_____/_____