



**LICENSE APPLICATION
FOR
ESCORT SERVICE**

FEES ARE NON-REFUNDABLE	Date Recv'd ___/___/___
License Fee (see Section 6)	\$ _____
Investigative Fee	\$ _____
Total Amount Paid	\$ _____

SECTION 1 – NAME OF ESCORT SERVICE				
Name of Escort Service				
Street Address		City	State	Zip
Escort Service Telephone Number		Federal Employer Identification Number (Required)		
The named (check appropriate box) hereby makes application for the operation of an escort service.	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Liability Corporation <input type="checkbox"/>
What type of escort service will you be providing, e.g.; photography, modeling, dancing, etc.? Be specific.				
What are your hours of operation? _____ a.m. / p.m. to _____ a.m. / p.m.		A copy of your deed, lease, or other document pursuant to which you occupy the above listed premises must be attached to this application.		
SECTION 2 – CORPORATION / LLC INFORMATION				
Name of Corporation or LLC				
Street Address		City	State	Zip
Corporation / LLC Telephone Number				
List Names of all Officers – Additional Applicant Information Sheet MUST be completed for each officer.				
President	Last	First	Middle Initial	
Vice President	Last	First	Middle Initial	
Secretary	Last	First	Middle Initial	
Treasurer	Last	First	Middle Initial	
SECTION 3 – INDIVIDUAL / PARTNERSHIP INFORMATION				
Additional Applicant Information Sheet MUST be completed for each person listed.				
Individual Name	Last	First	Middle Initial	
Partner Name	Last	First	Middle Initial	
Partner Name	Last	First	Middle Initial	

SECTION 4 – BACKGROUND INFORMATION			
Have you, your partner(s), or any members of your corporation ever operated an escort service or similar business in this or any other state, county, or city?	No	Yes	If yes, please indicate the name, address, and place of operation.
Was this license ever revoked or suspended?	No	Yes	If yes, for what reason?
Have you ever applied for and been denied a license to operate an escort service or similar business?	No	Yes	If yes, for what reason?

SECTION 5 – PENALTY SECTION
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.
Signature of Applicant: _____

SECTION 5 – FEES	
Fee Type	Fee Amount
Escort Service License Fee	\$500.00
Employee License Fee @ \$500.00 per employee: _____ employees x \$500.00	\$
Investigation Fee - \$7.00 for each Additional Information Sheet: _____ x \$7.00	\$
TOTAL AMOUNT OF FEES TO BE PAID:	\$

FOR OFFICE USE ONLY			
Police Department	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	If denial, reason:
License Committee	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	If denial, reason:
Town Board	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Issue Date: _____ Expiration Date: _____

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: Town Clerk, 1900 Grand Chute Boulevard, Grand Chute, WI 54913-9613