

CITY OF NEWPORT BEACH

REVENUE DIVISION

100 CIVIC CENTER DR ● P.O. BOX 1768 ● NEWPORT BEACH, CA 92658-8915 (949) 644-3141 ● RevenueHelp@newportbeachca.gov http://www.newportbeachca.gov/Revenue

	ESCORT	EMPL	OYEE	PERMIT	APPL	ICATION	Į
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\$609.00 application fee due upon submittal.

Make check payable to City of Newport Beach.

OFFICE USE ONLY
Permit Number
remiii Mumbei
Master ID

INFORMATION					
Name:	Ali	as(es):			
Residence Address:					Suite:
City:					
US Citizen? YES NO Place of Birth:			Da	ate of Birth:	
Sex: M F Age: Height: V	Veight:	Hair:	Eyes:	Comp	
Drivers License: State:	Social Security:		_ Other Lice	nses:	
PREVIOUS ADDRESSES List the previous address immediately prior to the Address:	•				Suite:
City:	State:	Zip:		Phone:	
ESCORT EMPLOYER INFORMATION Name of Escort Service:					
Location Address:					
City:	State:	Zip:		Phone:	
If Yes, have you ever had a license or permit de If Yes, explain ARREST AND CRIMINAL INFORMATION					Yes
Have you ever:					
 Been arrested or "booked" by a law enf 	orcement official?	? YES	NO		
Been held for investigation?		YES	NO		
 Been indicted by a Grand Jury? 		YES	NO		
 Appeared in court on a warrant, either a 	as:				
A juvenile or adult?		YES	NO		
 A civilian or member of the Arn 	ned Forces?	YES	NO		
 If you answered YES to <u>any</u> of the question order to have your permit process begin. 	ns above, you mus	st list each ind	cident below.	This <u>must</u> be	completed in
If you answered NO to <u>all</u> the questions about	ove, review and s	ign the Affida	vit below.		
I HEREBY CERTIFY UNDER THE PENALTY ENFORCEMENT AGENCY, HELD FOR INVES CRIMINAL PROSECUTION. I FULLY UNDERST DENIAL OF THE PERMIT REQUESTED AND TH	STIGATION, INDI AND THAT THE	CTED BY A OMISSION C	GRAND JUF F ANY INFO	RY OR THE RMATION W	SUBJECT OF ANY ILL RESULT IN THE
Name (Printed)	Signature			 	

ARREST AND CRIMINAL INFORMATION (Continued)

List all arrest and/or conviction information. List your most recent incidents first. Original Arrest Charge (Crime): Violation Date: Disposition of Charge: _____ Final Charge: _____ Arresting Agency Original Arrest Charge Violation Date: ____ (Crime): Disposition of Charge: _____ Final Charge: ____ Arresting Agency If you require more space, fill out Form A0590-CRI (Documentation of Arrest and Criminal History) **ATTACHMENTS** The following must be included as part of this application in order for it to be processed. A complete set of fingerprints taken by the Police Department. Written Proof of Age Two front-faced portrait photographs at least two inches by two inches in size. This can either be done at a passport photograph location, or can be done by the City at your request. All additional forms filled out in conjunction with this application. **DECLARATION** I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT AND THAT ANY FALSE. OR ANY WITHOLDING OF INFORMATION MAY SUBJECT ME TO CRIMINAL PROSECUTION AND IS GROUNDS TO DENY OR REVOKE MY PERMIT. I FURTHER UNDERSTAND THAT I CANNOT CONDUCT THE ACTIVITY FOR WHICH THE PERMIT IS REQUIRED UNTIL SAID PERMIT HAS BEEN ISSUED AND UNTIL I HAVE A VALID CITY OF NEWPORT BEACH BUSINESS LICENSE. I ALSO UNDERSTAND THAT I MUST BE FINGERPRINTED AS A CONDITION OF OBTAINING THIS PERMIT. I HEREBY AUTHORIZE THE CITY OF NEWPORT BEACH, ITS EMPLOYEES AND AGENTS TO SEEK VERIFICATION OF THE INFORMATION CONTAINED IN THE APPLICATION. Name (Printed) Signature Date FOR OFFICIAL USE ONLY NEGATIVE ____ SEE ATTACHED DATE FINGERPRINTS SENT CII: _____ LOCAL RECORD NEGATIVE ____ SEE ATTACHED NEGATIVE ____ SEE ATTACHED ___ O.C. RECORD DDL RECORD NEGATIVE _____ SEE ATTACHED MCAPS RECORD NEGATIVE SEE ATTACHED A.B.C RECORD NEGATIVE SEE ATTACHED NEGATIVE SEE ATTACHED CII RECORD NCIC RECORD NEGATIVE ____ SEE ATTACHED _ DISCREPANCIES IN APPLICANT'S STATEMENT AND RECORD CHECKS? NEGATIVE ____ SEE ATTACHED ____ BUSINESS ESTABLISHMENT INFORMATION INVESTIGATING OFFICER'S COMMENTS (INITIALS) OKAY _____ SEE ATTACHED ____ PERTINENT RULES EXPLAINED? YES ____ NO ____ N/A ____ APPLICANT REQUESTS TERMINATION OF PERMIT: ____ REASON: RECOMMENDATION: GRANT: DENY: TERMINATE: OTHER: INVESTIGATING OFFICER: DATE: SUPERVISOR APPROVING: DATE:

PERMIT: APPROVED ____ DENIED ____ CITY MANAGER _____