



**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  
www.newportbeachca.gov/Revenue

<b>OFFICE USE ONLY</b>
Permit Number
Master ID

**ESCORT SERVICE PERMIT APPLICATION**

**\$978.00 application fee due upon submittal.**  
Make check payable to City of Newport Beach.

**BUSINESS INFORMATION**

Precise Name of Service: \_\_\_\_\_

Location Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Description of Parcel: \_\_\_\_\_

Ownership Type (e.g. Sole Proprietor, Partnership, LLC, Corporation, etc): \_\_\_\_\_

**ESCORT EMPLOYEE INFORMATION**

*Provide complete information about each proposed Escort Employee. Complete Escort Employees Permit for additional employees not listed on this application.*

Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen? YES NO Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Comp: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State \_\_\_\_\_ Social Security: \_\_\_\_\_ Other Licenses: \_\_\_\_\_

Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen? YES NO Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Comp: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State \_\_\_\_\_ Social Security: \_\_\_\_\_ Other Licenses: \_\_\_\_\_

**MANAGER / MANAGING EMPLOYEE**

*Provide complete information about the Manager / Managing Employee proposed to be principally in charge of the operation of the Escort Service.*

Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen? YES NO Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Comp: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State \_\_\_\_\_ Social Security: \_\_\_\_\_ Other Licenses: \_\_\_\_\_

**OWNER INFORMATION**

Attach information about any additional owners on a separate sheet. Fill out additional Escort Service Permit application for additional owners.

Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen? YES NO Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Comp: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State \_\_\_\_\_ Social Security: \_\_\_\_\_ Other Licenses: \_\_\_\_\_

Previous Addresses

List two previous addresses immediately prior to the present address.

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Escort Permits or Licenses

Have any of the owners previously operated an escort service under a permit or license? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, has any owner ever had a license or permit denied, revoked, or suspended? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Arrest and Criminal Information

Have you ever:

- Been arrested or "booked" by a law enforcement official? YES NO
- Been held for investigation? YES NO
- Been indicted by a Grand Jury? YES NO
- Appeared in court on a warrant, either as:
  - A juvenile or adult? YES NO
  - A civilian or member of the Armed Forces? YES NO

• If you answered YES to any of the questions above, you must list each incident below. This must be completed in order to have your permit process begin.

• If you answered NO to all the questions above, review and sign the Affidavit below.

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT I HAVE NEVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCY, HELD FOR INVESTIGATION, INDICTED BY A GRAND JURY OR THE SUBJECT OF ANY CRIMINAL PROSECUTION. I FULLY UNDERSTAND THAT THE OMISSION OF ANY INFORMATION WILL RESULT IN THE DENIAL OF THE PERMIT REQUESTED AND THAT THE INVESTIGATIVE FEE SHALL NOT BE REFUNDED.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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: \_\_\_\_\_

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 OPERATE THIS BUSINESS OR CONDUCT THE ACTIVITY FOR WHICH THE PERMIT IS RQUIRED UNTIL SAID PERMIT HAS BEEN ISSUED AND UNTIL I HAVE A VALID CITY OF NEWPORT BEACH BUSINESS LICENSE. I ALSO UNDERSTAND THAT MY EMPLOYEES AND 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
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<b>FOR OFFICIAL USE ONLY</b>			
LOCAL RECORD	NEGATIVE _____	SEE ATTACHED _____	DATE FINGERPRINTS SENT CII: _____
O.C. RECORD	NEGATIVE _____	SEE ATTACHED _____	DDL RECORD NEGATIVE _____ SEE ATTACHED _____
A.B.C RECORD	NEGATIVE _____	SEE ATTACHED _____	MCAPS RECORD NEGATIVE _____ SEE ATTACHED _____
CII RECORD	NEGATIVE _____	SEE ATTACHED _____	NCIC RECORD NEGATIVE _____ SEE ATTACHED _____
DISCREPANCIES IN APPLICANT'S STATEMENT AND RECORD CHECKS?			NEGATIVE _____ SEE ATTACHED _____
BUSINESS ESTABLISHMENT INFORMATION			NEGATIVE _____ SEE ATTACHED _____
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 _____			DATE: _____