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 SERVICE PERMIT APPLICATION

$1,121.00 application fee due upon submittal.
Make check payable to City of Newport Beach.

OFFICE USE ONLY

_____
Permit Number

_____
Master ID

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 <u>each</u> 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
_____	_____	_____

FOR OFFICIAL USE ONLY

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: _____