



www.wichita.gov

ESCORT SERVICE LICENSE APPLICATION Allow 30 days for approval Fee \$ 500.00

Enclose two recent photographs (2 X 2) of applicant.

CITY LICENSE 455 N. Main-1st Floor Wichita, Ks 67202 (316) 268-4553

New _____ Renewal _____ Date _____

BUSINESS INFORMATION:

Table with 4 columns: Business Name, Address, Building Owner, Owner Address, Phone Number, Zip Code, Days/Hours Open, Zip Code

APPLICANT INFORMATION: Complete the following for each partner in the business (if more space is needed, attach additional sheet).

Table with 4 columns: Name, Address, Phone Number, Email, Alias/Maiden Name, Zip Code, Date of Birth, City/State of Birth

CORPORATION (IF APPLICABLE):

Table with 4 columns: Name of Corporation, State of Incorporation, Date of Incorporation

Please provide the following information for all current officers, directors, and each stockholder holding five percent (5%) or more stock in the corporation (if more space is needed, attach additional sheet).

Table with 4 columns: Name, Address, Phone Number, Alias/Maiden Name, Zip Code, Date of Birth, City/State of Birth

MANAGER INFORMATION: If manager and applicant are the same person, write "same as applicant".

Table with 4 columns: Name, Address, Phone Number, Email, Alias/Maiden Name, Zip Code, Date of Birth, City/State of Birth

Will applicant also act as an escort? _____. If yes, an Escort License Application must also be completed. No additional fees are due.

Within five years prior to the date of submitting this application, have any of the persons listed above or on subsequent pages been adjudged guilty, placed on diversion, pled nolo contendere to a felony or any crime involving moral turpitude? If so, list any convictions and the date and location: _____

Have you ever been refused any similar license or permit or had a similar license revoked? _____. If so, what was the business name? _____. Why was the permit revoked/refused? _____

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in Chapter 3.07 of the City Code of Wichita. Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules or regulations.

Signature of Applicant

Notary Public

My appointment expires on the ____ day of _____, 20_____

FOR OFFICIAL USE ONLY

Table with 2 columns: LICENSE #, DATE, TOTAL FEE, EXPIRATION DATE