ESCORT/ESCORT SERVICE RUNNER
LICENSE APPLICATION
FEE: $100.00 per year

ENCLOSE TWO RECENT PHOTOGRAPHS (2 X 2) OF APPLICANT
ESCORT LICENSE APPLICANTS MUST PROVIDE REQUIRED DOCTOR MEMORANDA

CITY LICENSE
455 N Main – 1st Floor Wichita KS 67202
(316) 268-4553

_____ESCORT _____NEW
_____ESCORT SERVICE RUNNER _____RENEWAL

PERSONAL INFORMATION:

Name	
Alias/maiden name	
Residential address	
City, State, Zip	
Mailing Address	
City, State, Zip	
Date of birth	
City & state of birth	
Home phone	
Email	

Within three years prior to the date of submitting this application, have you been adjudged guilty, placed on diversion or been released from probation of a crime involving moral turpitude? _____ Yes _____ No

List all criminal convictions, except for minor traffic offenses, and the dates and locations of such confictions:_____
_____
_____

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 regulation as set out in Chapter 3.07 of the City Code of Wichita. Furthermore, I hereby agree to comply with all of the 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.

_____ ID #_____
Signature of Applicant

_____
Notary Public

My appointment expires on the _____ day of _____, _____.

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE