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**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:**

Business Name		Phone Number	
Address		Zip Code	
Building Owner		Days/Hours Open	
Owner Address		Zip Code	

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

Name		Alias/Maiden Name	
Address		Zip Code	
Phone Number		Date of Birth	
		City/State of Birth	

**CORPORATION (IF APPLICABLE):**

Name of Corporation		Date of Incorporation	
State 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).

Name		Alias/Maiden Name	
Address		Zip Code	
Phone Number		Date of Birth	
		City/State of Birth	

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

Name		Alias/Maiden Name	
Address		Zip Code	
Phone Number		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**

	Approved	Disapproved	Date
Police			
Environmental Services			
Office of Central Inspection			
Fire Department			
City Manager			
City Council			
License #		Date	Expiration Date