

CITY OF LA CROSSE

ESCORT / ESCORT SERVICE LICENSE APPLICATION

Initial License Application \$250.00
 Renewal License Application \$200.00
 Late Penalty \$100.00

For the license period beginning ___/___/___ ; ending ___/___/___

The named Individual
 Corporation
 Partnership
 Limited Liability Company

hereby makes application for one of the following licenses within the City of La Crosse, La Crosse County, State of Wisconsin.

Escort License Includes any person who, for a fee, commission, salary, hire, profit, payment or other monetary consideration accompanies or offers to accompany another person to or about social affairs, entertainments or places of amusement or consorts with another person about any place of public resort or within any private quarters.

Escort Service License Includes service provided by any person who, for a fee, commission, salary, hire, profit, payment or other monetary consideration, furnishes or offers to furnish names of persons, or who introduces, furnishes or arranges for persons who may accompany other persons to or about social affairs, entertainments or places of amusement, or who may consort with others about any place of public resort or within any private quarters.

APPLICATION REVIEW PROCESS:

- #1) The City Clerk shall notify the Police Chief, Fire Chief, Chief Inspector and Common Council of any escort service license application. An application for escort license shall be referred to the Police Chief only.
- #2) The applicant and/or premises shall be inspected to determine if such comply with regulations, ordinances and applicable laws.
- #3) Said officials shall furnish a written report to the City Clerk within 10-days.
- #4) Within 30 days, the Common Council shall grant or deny the license(s).

INDIVIDUAL

Last, First and Middle Name		Height	Weight	Eye Color	Hair Color
Other Names Known As; Last, First and Middle Name (for the previous 5-years)			Phone Number		
Driver's License Number	State Issued by	Date of Birth			
Residential Address	City	State	Zip		
Previous Address(es) Within the Last Three (3) Years <input type="checkbox"/> Photo Identification Provided <input type="checkbox"/> A Complete Set of Fingerprints Provided <input type="checkbox"/> 2 Passport-Size Color Photographs Provided	City	State	Zip		

EMPLOYMENT HISTORY FOR THE LAST THREE (3) YEARS ~ Use additional sheets, if necessary.

Name of Employer		Dates of Employment From		To	
Address		City		State	Zip
Phone Number	Fax Number	Supervisor			
Name of Employer		Dates of Employment From		To	
Address		City		State	Zip
Phone Number	Fax Number	Supervisor			
Name of Employer		Dates of Employment From		To	
Address		City		State	Zip
Phone Number	Fax Number	Supervisor			

CORPORATION

Name of Corporation exactly as set forth in its articles of incorporation			
Date of Incorporation:		State of Incorporation:	
Physical Address of Business:		City	State Zip
Phone Number	Fax Number	Website Address	
Mailing Address if Different from Above:		City	State Zip

CORPORATION (Continued) List each of its officers, directors and / or stockholders holding five percent (5%) or more of the stock or beneficial ownership of the corporation:

Last, First and Middle Name		Title		
Driver's License Number	State Issued by	Date of Birth		
Residential Address	City	State	Zp	
Previous Address(es) Within the Last Three (3) Years	City	State	Zp	
Last, First and Middle Name	Title			
Driver's License Number	State Issued by	Date of Birth		
Residential Address	City	State	Zp	
Previous Address(es) Within the Last Three (3) Years	City	State	Zp	
Last, First and Middle Name	Title			
Driver's License Number	State Issued by	Date of Birth		
Residential Address	City	State	Zp	
Previous Address(es) Within the Last Three (3) Years	City	State	Zp	
Last, First and Middle Name	Title			
Driver's License Number	State Issued by	Date of Birth		
Residential Address	City	State	Zp	
Previous Address(es) Within the Last Three (3) Years	City	State	Zp	
Last, First and Middle Name	Title			
Driver's License Number	State Issued by	Date of Birth		
Residential Address	City	State	Zp	
Previous Address(es) Within the Last Three (3) Years	City	State	Zp	
Last, First and Middle Name	Title			

PARTNERSHIP / LIMITED LIABILITY COMPANY

Name of the Partnership or Limited Liability Company			
Physical Address of Business:		City	State
Mailing Address if Different from Above:		City	State
Phone Number	Fax Number	Website Address	

List each of the partners

Last, First and Middle Name		Phone Number	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip
Last, First and Middle Name		Phone Number	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip
Last, First and Middle Name		Phone Number	
Driver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip

AGENT

Last, First and Middle Name		Phone Number	
Unver's License Number	State Issued by	Date of Birth	
Residential Address	City	State	Zip
Previous Address(es) Within the Last Three (3) Years	City	State	Zip

LIST ANY MUNICIPAL, STATE AND FEDERAL CONVICTIONS within the last five (5) years.

Issued to		
Charge		
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		
Penalty		
Issued to		
Charge	Municipality	Date
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		
Penalty		
Issued to		
Charge	Municipality	Date
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		
Penalty		

LIST ANY PENDING CHARGES

Citation Issued to				
Pending Charge	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Municipality	Date
Citation Issued to				
Pending Charge	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Municipality	Date
Citation Issued to				
Pending Charge	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Municipality	Date

DESCRIPTION OF THE NATURE AND SCOPE OF PROPOSED BUSINESS OPERATION

Briefly explain			
Proposed Physical Place of Business (Including Suite #)	City	State	Zip
Mailing Address if Different	City	State	Zip
Person Having Custody of Business Records	Phone Number		

LIST ALL PREVIOUS PERMITS OR LICENSES HELD FOR ESCORT / ESCORT SERVICES

License Number	Dates Held	City	State	<input type="checkbox"/> Currently Held <input type="checkbox"/> Expired <input type="checkbox"/> Revoked / Suspended
License Number	Dates Held	City	State	<input type="checkbox"/> Currently Held <input type="checkbox"/> Expired <input type="checkbox"/> Revoked / Suspended
License Number	Dates Held	City	State	<input type="checkbox"/> Currently Held <input type="checkbox"/> Expired <input type="checkbox"/> Revoked / Suspended

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that information provided above is truthful to the best of the knowledge of the signer(s). Signer(s) agree to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of limited liability companies must sign.) Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____,
personally appearing before me the above-named

_____.

Notary Public
My Commission Expires: _____

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____,
personally appearing before me the above-named

_____.

Notary Public
My Commission Expires: _____