



# ESCORT SERVICE LICENSE APPLICATION

Application is:  New  Renewal  Update  Location Change

Indicate whether owned by a Corporation , Partnership , Individual .

NOTE: If owned by a corporation or partnership, a separate application must be completed by each officer, director, general partner, or other person involved in the management of the business.

Name of Applicant \_\_\_\_\_ Sex  M  F

AKA (Maiden Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Cincinnati Income Tax Account Number \_\_\_\_ - \_\_\_\_\_

Employer's Name \_\_\_\_\_ DBA \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip Code

Employer's Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip Code

Federal Tax ID # \_\_\_\_\_ Cincinnati Income Tax Account Number \_\_\_\_ - \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Statutory Agent or other agent authorized to receive service of process.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Indicate if you are under any Court Orders to pay child support?  Yes  No

If yes, provide (1) Name of Court \_\_\_\_\_

(2) Status of Payments:  Current  Arrears

Have you ever applied for a sexually oriented business license/permit?  Yes  No

If yes, list Issuing Jurisdiction and Effective Dates. If the license/permit was denied, revoked, or suspended, state the reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently legally married?  Yes  No

Spouse's S.S. # \_\_\_\_\_ Spouse's Cincinnati Income Tax Account Number \_\_\_\_ - \_\_\_\_\_

Neither the applicant nor his/her spouse has not been arrested for/or convicted of any felony or misdemeanor except as follows. List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

**Applicant**

Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_

Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_

Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_

**Spouse**

Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_

Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_

Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_

Applicant certifies that he/she has received a copy of the Code governing the operation of Sexually Oriented Businesses and Employees.

\_\_\_\_\_ being duly sworn says that the statements contained in the foregoing application are true.  
Print Name

**SIGN** \_\_\_\_\_  
Applicant

Sworn to me and signed in my presence this \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.**

TREASURY USE ONLY

**Police Records:** Approved ( ) Disapproved ( ) **Zoning:** Approved ( ) Disapproved ( ) **Law:** Approved ( )  
Disapproved ( )

**Income Tax:** Approved ( ) Disapproved ( ) Floor Plan Submitted ( ) License application fee paid ( )

**Proof of Age Verification**

Birth Certificate ( ) OH Driver's License # \_\_\_\_\_ Other Gov't ID \_\_\_\_\_

License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ License Fee \_\_\_\_\_

Date Received \_\_\_\_\_

A Renewal License carries a 5% penalty, per month, if not renewed within 15 days of expiration.