



CITY OF NEWPORT BEACH

REVENUE DIVISION
100 CIVIC CENTER DR • NEWPORT BEACH, CA 92658-8915 (949) 644-3141 •
RevenueHelp@newportbeachca.gov
http://www.newportbeachca.gov/Revenue

ESCORT EMPLOYEE PERMIT APPLICATION

\$688.00 application fee due upon submittal.

Make check payable to City of Newport Beach.

OFFICE USE ONLY

Permit Number

Master ID

INFORMATION

Name: _____ Alias(es): _____
Residence Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Phone: _____
US Citizen? YES NO Place of Birth: _____ Date of Birth: _____
Sex: M F Age: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Comp: _____
Drivers License: _____ State: _____ Social Security: _____ Other Licenses: _____

PREVIOUS ADDRESSES

List the previous address immediately prior to the present address.

Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Phone: _____

ESCORT EMPLOYER INFORMATION

Name of Escort Service: _____
Location Address: _____ Suite: _____
City: _____ State: _____ Zip: _____ Phone: _____

PREVIOUS ESCORT PERMITS OR LICENSES

Have you previously operated as an Escort Employee under a permit or license? No _____ Yes _____
If Yes, have you ever had a license or permit denied, revoked, or suspended? No _____ Yes _____
If Yes, explain _____

ARREST AND CRIMINAL INFORMATION

Have you ever:

- Been arrested or "booked" by a law enforcement official? YES NO
- Been held for investigation? YES NO
- Been indicted by a Grand Jury? YES NO
- Appeared in court on a warrant, either as:
 - A juvenile or adult? YES NO
 - A civilian or member of the Armed Forces? YES NO

- If you answered YES to any of the questions above, you must list each incident below. This must be completed in order to have your permit process begin.
- If you answered NO to all the questions above, review and sign the Affidavit below.

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT I HAVE NEVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCY, HELD FOR INVESTIGATION, INDICTED BY A GRAND JURY OR THE SUBJECT OF ANY CRIMINAL PROSECUTION. I FULLY UNDERSTAND THAT THE OMISSION OF ANY INFORMATION WILL RESULT IN THE DENIAL OF THE PERMIT REQUESTED AND THAT THE INVESTIGATIVE FEE SHALL NOT BE REFUNDED.

Name (Printed)

Signature

Date

ARREST AND CRIMINAL INFORMATION (Continued)

List all arrest and/or conviction information. List your most recent incidents first.

Original Arrest Charge
(Crime): _____ Violation Date: _____
Disposition of Charge: _____ Final Charge: _____
Arresting Agency _____

Original Arrest Charge
(Crime): _____ Violation Date: _____
Disposition of Charge: _____ Final Charge: _____
Arresting Agency _____

If you require more space, fill out Form A0590-CRI (Documentation of Arrest and Criminal History)

ATTACHMENTS

The following must be included as part of this application in order for it to be processed.

- A complete set of fingerprints taken by the Police Department.
- Written Proof of Age
- Two front-faced portrait photographs at least two inches by two inches in size. This can either be done at a passport photograph location, or can be done by the City at your request.
- All additional forms filled out in conjunction with this application.

DECLARATION

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT AND THAT ANY FALSE, OR ANY WITHOLDING OF INFORMATION MAY SUBJECT ME TO CRIMINAL PROSECUTION AND IS GROUNDS TO DENY OR REVOKE MY PERMIT. I FURTHER UNDERSTAND THAT I CANNOT CONDUCT THE ACTIVITY FOR WHICH THE PERMIT IS REQUIRED UNTIL SAID PERMIT HAS BEEN ISSUED AND UNTIL I HAVE A VALID CITY OF NEWPORT BEACH BUSINESS LICENSE. I ALSO UNDERSTAND THAT I MUST BE FINGERPRINTED AS A CONDITION OF OBTAINING THIS PERMIT.

I HEREBY AUTHORIZE THE CITY OF NEWPORT BEACH, ITS EMPLOYEES AND AGENTS TO SEEK VERIFICATION OF THE INFORMATION CONTAINED IN THE APPLICATION.

Name (Printed)

Signature

Date

FOR OFFICIAL USE ONLY

LOCAL RECORD	NEGATIVE ____	SEE ATTACHED	DATE FINGERPRINTS SENT CII: _____		
O.C. RECORD	NEGATIVE ____	SEE ATTACHED	DDL RECORD	NEGATIVE ____	SEE ATTACHED ____
A.B.C RECORD	NEGATIVE ____	SEE ATTACHED	MCAPS RECORD	NEGATIVE ____	SEE ATTACHED ____
CII RECORD	NEGATIVE ____	SEE ATTACHED	NCIC RECORD	NEGATIVE ____	SEE ATTACHED ____
DISCREPANCIES IN APPLICANT'S STATEMENT AND RECORD CHECKS?			NEGATIVE ____	SEE ATTACHED ____	
BUSINESS ESTABLISHMENT INFORMATION			NEGATIVE ____	SEE ATTACHED ____	
INVESTIGATING OFFICER'S COMMENTS (INITIALS)			OKAY ____	SEE ATTACHED ____	
PERTINENT RULES EXPLAINED?			YES ____	NO ____	N/A ____
APPLICANT REQUESTS TERMINATION OF PERMIT: ____			REASON: _____		

RECOMMENDATION: GRANT: ____ DENY: ____ TERMINATE: ____ OTHER: _____

INVESTIGATING OFFICER: _____ DATE: _____

SUPERVISOR APPROVING: _____ DATE: _____

PERMIT: APPROVED ____ DENIED ____ CITY MANAGER _____ DATE: _____