



**CITY OF NEWPORT BEACH**

REVENUE DIVISION  
100 CIVIC CENTER DR • P.O. BOX 1768  
NEWPORT BEACH, CA 92658-8915  
(949) 644-3141 • RevenueHelp@newportbeachca.gov  
www.newportbeachca.gov/Revenue

OFFICE USE ONLY
Permit Number
Master ID

**ESCORT EMPLOYEE PERMIT APPLICATION**

**\$486.00 application fee due upon submittal**

Make check payable to City of Newport Beach

**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: \_\_\_\_\_