

## **ESCORT INFORMATION SHEET**

The materials listed below are needed to file all applications *except Alcohol Applications*.

1.     **Duplicate Applications**                    **Answer all questions appropriately and in detail, legibly, in black ink and typed.**
  
2.     **Personal History Cards**                    **One personal history card, one fingerprint per applicant (each individual involved in the ownership or first five (5) officers of a corporation and the license/agent) must be filled out completely , signed and fingerprinted.**
  
3.     **Lease of Valid Document**                    **Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, letter of intent.**
  
4.     **Photograph**                                    **Two (2) small photos, size 2X2**
  
5.     **Corporate Papers**                            **Attach a copy of corporate charter and by laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.**
  
6.     **Letter of Reference**                         **May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. Include name, address & phone number.**
  
7.     **Financial Investments**                    **All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required).**

**If there are any questions concerning the completion of these applications, please call the License and Permits Office for assistance (404) 546-4470. Call for an appointment for filing the application(s). Applications are taken by appointment only. Note: Payment for fees will be accepted only in the form of a cashiers check or money order. All application fees are non-refundable.**

**LICENSE AND PERMITS UNIT  
3493 DONALD LEE HOLLOWELL PARKWAY  
ATLANTA, GEORGIA 30331**



**ATLANTA POLICE DEPARTMENT  
PERSONAL HISTORY RECORD**

PERMIT TYPE: \_\_\_\_\_

DATE: \_\_\_\_\_

Name in FULL (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(City, State) (Day, Month, Year)

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you been convicted of any law? Federal: \_\_\_\_\_ Foreign Country: \_\_\_\_\_ State Law: \_\_\_\_\_  
City Ordinance: \_\_\_\_\_ if so, explain: \_\_\_\_\_

List names and addresses of employers for the past three (3) years: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Finger printed by: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CRIMINAL HISTORY CONSENT**

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? ( ) Yes ( ) No

Date of Occurrence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_ Explain: \_\_\_\_\_

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. (SIGNATURE)

\_\_\_\_\_

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT  
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT  
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: \_\_\_\_\_.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States Citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\* **All non-citizens must provide their Alien Registration Number below.**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\* \_\_\_\_\_

Alien Registration number for non-citizens

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



**ATLANTA POLICE DEPARTMENT**  
**3493 Donald Lee Howell Parkway**  
**Atlanta, Georgia 30331**

**ESCORT SERVICE APPLICATION**

All applications must be typed or legibly printed in black ink. Each question must be answered completely and correctly. If the space provided herein is not sufficient, attach additional information. Applications must be signed, dated notarized and filed in the License and Permits Office. This department is located at 3493 Donald Lee Hollowell Parkway Atl., Ga.,. All required supporting documents must be attached. The filing fee is payable by money order or certified check.

1. Is applicant: ( ) Sole Proprietorship ( ) Partnership ( ) Corporation
  2. (A) Legal name of business: \_\_\_\_\_  
(B) Operating / Trade name of business: \_\_\_\_\_
  3. Location of Business: \_\_\_\_\_
  4. Proposed Location Zoned: \_\_\_\_\_
  5. (A) Total number – escort Employees: \_\_\_\_\_  
(B) Total number – management employees: \_\_\_\_\_
  6. Escorts will be: ( ) Male ( ) Female ( ) Both
  7. Describe how your business will secure dates for the Escorts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  8. Describe the type of security for your Escorts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  9. Describe the method and type of Advertising: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Escort fees will be charged by: ( ) Day ( ) Hour ( ) Other  
(explain/detailed method of \_\_\_\_\_  
Fee assessment) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  11. Specify amount fee: \_\_\_\_\_  
\_\_\_\_\_
  12. Full name of Applicant: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
City County Zip
- Telephone number: Home \_\_\_\_\_ Business \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date and Place of Birth:** \_\_\_\_\_

**Full name of spouse (include maiden):** \_\_\_\_\_

13. **Has Licensee/Agent ever had any other interest or ownership in an Escort service?**  
\_\_\_\_\_ **If yes where and when:** \_\_\_\_\_

14. **Do you own the property where proposed business is to be located?**  
**Date of Purchase** \_\_\_\_\_ **Purchase Price** \_\_\_\_\_ **Sellers Name** \_\_\_\_\_

15. **If property rented, amount and manner in which rent is determined:**  
\_\_\_\_\_  
**Manner in which rent** \_\_\_\_\_  
**Is determined:**  
**Amount of Rent:**    **Monthly** \_\_\_\_\_ **Annual** \_\_\_\_\_ **Other** \_\_\_\_\_

16. **Licensee/Agent business Occupation(s), Business Interest(s), and/or Employer(s) for the past ten (10) years:**

<b>Company</b>	<b>Address (City &amp; State)</b>	<b>Position</b>	<b>Interest</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. **Accounts and Notes Receivable:**  
**Type and Due Date/ Amount**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. **Bank account and/or assets in the name of Licensee/Agent and/or maintained by the Licensee/Agent whether Individual, Partnership, or Corporation:**  
**Type / Bank / Location /Amount**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. If corporation of partnership, indicate the following for all Officers, members of Board of Directors, Trustees, Trustees and Principal Stockholders; if partnership, include all Partners:

Name, Address, DOB, SSN, Position and Interest.

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20. List any other individual(s) or Firm(s) owing any interest in or receiving any funds from the operation of the business: \_\_\_\_\_

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21. Has Licensee/Agent or any member of a Corporation, Partnership or Stockholder ever applied for an Escort License and Been Denied, Suspended or Revoked? \_\_\_\_

If yes, explain: \_\_\_\_\_

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22. List Names, Locations and Telephone Numbers or any multiple of same under which you will be operating said business:

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23. Does Licensee/Agent, Manger or any Partner(s) or any Corporation Officer or Board member or any Principal Shareholder or Trustee have, within the past five (5) years, any conviction for the violation of any Federal, State, or Local law(s), Ordinance(s), or Regulation(s), or does said person(s) have current proceedings pending for any violation of any Federal, State, or Local Laws, Ordinance or Regulation?

(For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilty, a plea or Nolo Contendere, or Forfeiture of a bond).

Person Charged	Date	Offense	Location (City, State)	Disposition
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I \_\_\_\_\_, being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

\_\_\_\_\_  
Signature of Licensee/Agent

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_.

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

\_\_\_\_\_  
Signature and Title of person other than  
Licensee/Agent filling out this application

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

Investigator: \_\_\_\_\_

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

Number: \_\_\_\_\_