



City of Palm Springs

Business License Division

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262
Tel: (760) 323-8289 • Fax: (760) 322-8344 • Web: www.palmsprings-ca.gov

ESCORT PERMIT APPLICATION

PURSUANT TO CHAPTER 5.42 OF THE PALM SPRINGS MUNICIPAL CODE, THIS APPLICATION MUST BE FULLY COMPLETED AND ALL NECESSARY FEES PAID PRIOR TO ACCEPTANCE BY THE BUSINESS LICENSE DIVISION FOR PROCESSING. ACCEPTANCE OF THE APPLICATION BY THE BUSINESS LICENSE DIVISION DOES NOT AUTHORIZE THE APPLICANT TO OPERATE AS AN ESCORT UNTIL FULL APPROVAL BY ALL DEPARTMENTS AND ISSUANCE OF A PERMIT. ADDITIONALLY, PRIOR TO APPLYING FOR AN ESCORT PERMIT, ALL REQUIREMENTS ON THE ATTACHED INSTRUCTION SHEET MUST BE MET.

Name, address, and telephone of the escort establishment where you will be employed: _____

Residence address and telephone: _____

Two previous residence addresses:

1. _____

2. _____

Full name, nicknames, and aliases: _____

Social Security #: _____ Driver's License # _____ Date of Birth _____

Weight _____ Height _____ Sex _____ Eye Color _____ Hair Color _____

The escort or similar business history of applicant for the ten (10) years prior to the date of application including but not limited to whether or not such person performed such service in another city or state under license or permit. If such license or permit has been revoked or denied, state reason for denial or revocation:

Statement of all convictions of the applicant for any felony or misdemeanor of violation of any ordinance, except minor traffic violations:

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE THE CITY, ITS AGENTS AND EMPLOYEES TO CONDUCT INVESTIGATIONS TO DETERMINE THE TRUTHFULNESS OF THE STATEMENTS AND DOCUMENTS AS SET FORTH IN THIS APPLICATION.

SIGNATURE: _____ DATE: _____

Post Office Box 2743 • Palm Springs, California 92263-2743



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INSTRUCTIONS FOR ESCORT PERMIT APPLICATION

PRIOR TO APPLYING FOR AN ESCORT PERMIT, THE FOLLOWING REQUIREMENTS MUST BE MET. APPLICANT MUST PROVIDE:

1. ONE COPY OF PERSONAL IDENTIFICATION INDICATING APPLICANT IS AT LEAST 18 YEARS OF AGE.
2. TWO FRONT FACE PHOTOS TAKEN WITHIN THE LAST 30 DAYS.
3. A COMPLETE SET OF FINGERPRINTS TAKEN BY THE PALM SPRINGS POLICE DEPARTMENT.
4. THE NAMES, CURRENT ADDRESSES AND WRITTEN STATEMENTS OF AT LEAST THREE BONA FIDE PERMANENT RESIDENTS, OTHER THAN RELATIVES, OF THE UNITED STATES, THAT THE APPLICANT IS OF GOOD MORAL CHARACTER. IF THE APPLICANT IS ABLE, THE STATEMENT MUST FIRST BE FURNISHED FROM RESIDENTS OF THE CITY, THEN COUNTY, THEN THE STATE OF CALIFORNIA, AND LASTLY FROM THE REST OF THE UNITED STATES.
5. VERIFICATION OF EMPLOYMENT BY SWORN AFFIDAVIT FROM EMPLOYER. EMPLOYER MUST BE AN ESCORT BUREAU LICENSED BY THE CITY OF PALM SPRINGS.
6. A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN, LICENSED TO PRACTICE IN THE STATE OF CALIFORNIA, DATED WITHIN SEVEN (7) DAYS OF THE DATE OF APPLICATION. THE CERTIFICATE SHALL STATE THAT THE APPLICANT WAS EXAMINED BY THE CERTIFYING PHYSICIAN AND THAT THE APPLICANT IS FREE OF COMMUNICABLE DISEASES.

PERMIT FEE \$112.00

BUSINESS TAX \$67.00

ADMINISTRATION FEE \$28.00

BACKGROUND CHECK FEE \$150.00

***NOTE: THESE FEES ARE NON-REFUNDABLE**