



**Village of
Ashwaubenon**

2155 Holmgren Way • Ashwaubenon, WI 54304
P: 920.492.2301 F: 920.492.2328
www.ashwaubenon.gov

Escort License Application

1-Year License - Expires December 31st of Each Year - License Fee is Non-Refundable & Not Prorated

New Renewal License Period: January 1, _____ to December 31, _____

I/WE HEREBY APPLY FOR AN ESCORT LICENSE IN THE VILLAGE OF ASHWAUBENON FROM DATE HEREOF UNTIL THE EXPIRATION OF DECEMBER 31 OF EACH YEAR (UNLESS SOONER REVOKED) SUBJECT TO THE LIMITATIONS IMPOSED BY CHAPTER 6, ARTICLE 8, OF THE VILLAGE OF ASHWAUBENON MUNICIPAL CODE, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES, AND REGULATIONS AS IT RELATES TO ESCORT SERVICES.

Applicant must provide the following:

- Copy of Applicant's Driver's License - Background Completed Escort License Application Questionnaire
- 2 Photographs of Applicant

Legal Name of Applicant: _____ Individual Partnership Corp LLC

Applicant Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone Number: _____ Applicant Email Address: _____

Trade Name: _____

Premise Address: _____

If Corporate Applicant, please complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Name of Registered Agent: _____ Address of Registered Agent: _____

Certification: I hereby certify that the information on this application is complete, accurate, true, and agree to comply with all state and local laws, ordinances and regulations. By signing this form, applicant agrees to allow the Village of Ashwaubenon to conduct a background check.

Signature of Applicant: _____ Date: _____

Signature of Partner/Officer: _____ Date: _____

Signature of Partner/Officer: _____ Date: _____

<p>Return Completed Form & Payment to: Village of Ashwaubenon Clerk 2155 Holmgren Way Ashwaubenon, WI 54304</p> <p>Village Clerk Phone: 920-492-2302 Email: whelgeson@ashwaubenon.gov</p>	<p style="text-align: center;">Committee</p> <p>Approved: Denied:</p> <p>License Number: _____</p> <p>Date: _____</p>	<p style="text-align: center;">Date Received Stamp</p> <p>Fee Paid: _____</p>
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REQUIRED: COMPLETE INFORMATION BELOW FOR ALL APPLICANTS

APPLICANT INFORMATION

Name: Phone:
Address: City: State: Zip:
Race: Sex: Date of Birth:

The Applicant provides the following information as a person who is:

- Applying for a license as an individual
A member of a partnership which is applying for a license
An officer, director, or other person directly interested in control of an organization applying for a license

Have you been convicted of any felony, misdemeanor, or any law or ordinance as it pertains to escort licenses? Yes / No

If you answered yes to the above, please list all violations below. If more space is needed, please use back of this questionnaire.

Year: Offense: Arresting Agency:
Year: Offense: Arresting Agency:
Year: Offense: Arresting Agency:

Has a corporation, partnership, or other organization of which you were an officer, director, partner or otherwise directly interested in the control of been convicted of a felony, misdemeanor, or ordinance violation while you were engaged in such capacity? Yes / No

If you answered yes to the above, please list violations below. If more space is needed, please use back of this questionnaire.

Year: Offense: Arresting Agency:
Year: Offense: Arresting Agency:
Year: Offense: Arresting Agency:

Certification: I hereby certify that the information on this application is complete, accurate, true, and agree to comply with all state and local laws, ordinances and regulations. By signing this form, applicant agrees to allow the Village of Ashwaubenon to conduct a background check.

Signature of Applicant: Date:
Printed Name of Applicant: