



**DEPARTMENT OF INSPECTIONS, PERMITS & LICENSES**  
**Division Of Licensing & Permits**  
444 South Fifth Street  
Louisville, KY 40202-4314  
(502) 574-3591

**ESCORT BUREAU APPLICATION**

Investigation Fee: \$200 (non-refundable)  
Bureau Fee: \$4,000

Bureau Name \_\_\_\_\_

If the escort bureau is operated under a name other than the applicant's name, provide a copy of the fictitious name certificate on file with the County Clerk of Jefferson County Kentucky.

Applicant's Name: Individual, LLC, Partnership, Corporation

Aliases/Maiden Name (s) \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Please provide information for each of the following, covering at least the past 10 years:**

Residences(s) \_\_\_\_\_

Education background \_\_\_\_\_

Military background \_\_\_\_\_

Bureau Name \_\_\_\_\_

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**CRIMINAL HISTORY BACKGROUND**

Have you been convicted by any state or federal court within the past 10 years of any misdemeanor or felony other than minor traffic offenses?

No

Yes

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List convictions for all specified criminal activities or any criminal convictions involving:

\_\_\_ Use of Force or violence upon the person of another

\_\_\_ Adverse Civil action judgments involving allegations pertaining to fraudulent advertising

\_\_\_ Adverse Civil action judgments involving allegations pertaining to fraudulent sales or trade practices

\_\_\_ K.R.S. §§ 510.040, 510.050, or 510.060 (rape in the first, second, or third degree)

\_\_\_ K.R.S. §§ 510.070, 510.080, or 510.090 (sodomy in the first, second, or third degree)

\_\_\_ K.R.S. §§ 510.110, 510.120, or 510.130 (sexual abuse in the first, second, or third degree)

\_\_\_ K.R.S. § 510.140 (sexual misconduct); § 510.150 (indecent exposure)

\_\_\_ K.R.S. § 517.050 (falsifying business records)

\_\_\_ K.R.S. §§ 529.020, 529.030, 529.040, or 529.050 (prostitution, promoting prostitution in the first, second, or third degree)

\_\_\_ K.R.S. §§ 529.070, (permitting prostitution);

\_\_\_ K.R.S. §§ 531.020, 531.030, 531.040 (distributing obscene matter, distributing obscene matter to minors, using minors to distribute obscene matter)

\_\_\_ K.R.S. 218A.140, et seq. (offenses relating to controlled substances);

\_\_\_ Any offense listed in K.R.S. § 531.300 through § 531.370 (sexual exploitation of minors offenses);

\_\_\_ Engaging in organized crime (K.R.S. § 506.120) relating to a sexually oriented business

\_\_\_ Criminal attempt, conspiracy or solicitation to commit any of the foregoing offenses or offenses in other jurisdictions that, if the acts would have constituted any of the foregoing offenses if the acts had been committed in Kentucky; for which

(1) Less than two years have elapsed since the date of conviction or the date of release from confinement imposed for the conviction, whichever is the later date, if the conviction is of a misdemeanor offense;

(2) Less than five years have elapsed since the date of conviction or the date of release from confinement for the conviction, whichever is the later date, if the conviction is of a felony offense; or

(3) Less than five years have elapsed since the date of the last conviction or the date of release from confinement for the last conviction, whichever is the later date, if the convictions are of two or more misdemeanor offenses or combination of misdemeanor offenses occurring within any 24-month period.

Bureau Name \_\_\_\_\_

Have you ever had any business licenses revoked?  No  Yes

Has your manager  No  Yes

Has your director  No  Yes

Has your officer  No  Yes

Has your principal  No  Yes

Give details including reasons (Use additional sheets if necessary)

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# Operation of Escort Bureau

Bureau Name \_\_\_\_\_

Business location address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Federal ID Number \_\_\_\_\_ Rev. Comm. Number \_\_\_\_\_

Please check one for your Bureau Property

OWN  (Attach Copy of deed)

LEASE  (Attach Copy of Lease)

OTHER  (Attach other documents that allow you to operate from this location)

Name of Agent for Service of Process: \_\_\_\_\_

Street Address of Agent \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of person who will have custody of the business records. \_\_\_\_\_

Complete description of the exact nature of the business to be conducted including: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Organization (Attach Organization Chart)

Advertising theme and method \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee qualifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours escort bureau will be open to the public, (must include hours any escorts are with patrons)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Method of supervision of employees to prevent charging of additional fees \_\_\_\_\_

Method of supervision that will prevent the escorts from soliciting acts of prostitution or engaging in sexual conduct.

Method of compensating escorts \_\_\_\_\_

Attach Copies of contracts to be used with escorts and escort patrons

Attach a copy of your financial statements regarding current and previous business activities and associates covering at least the preceding 5-year period.

**CERTIFICATION OF GROSS RECEIPTS**

Who will certify the gross receipts of the bureau?

Name \_\_\_\_\_

Address \_\_\_\_\_

Provide copy of operating agreement or partnership or limited partnership and certificate.

Names of all principals of the proposed escort bureau. Provide the same information for all principals as if each were a sole proprietor and applicant

|            |                   |
|------------|-------------------|
| Name _____ | Address _____     |
|            | City St Zip _____ |
| Name _____ | Address _____     |
|            | City St Zip _____ |
| Name _____ | Address _____     |
|            | City St Zip _____ |

**BUREAU NAME**

\_\_\_\_\_

**CORPORATION**

Provide copy of Certified copy of the articles of incorporation

If incorporated under the laws of another state, provide copy of certificate of qualification to do business in the State of Kentucky.

List Current annual officers, directors and resident agent of such corporation

|             |       |         |       |
|-------------|-------|---------|-------|
| <b>Name</b> | _____ | Address | _____ |
| Title       | _____ | City St | _____ |
|             |       | Zip     | _____ |

|             |       |         |       |
|-------------|-------|---------|-------|
| <b>Name</b> | _____ | Address | _____ |
| Title       | _____ | City St | _____ |
|             |       | Zip     | _____ |

|             |       |         |       |
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|             |       | Zip     | _____ |

|             |       |         |       |
|-------------|-------|---------|-------|
| <b>Name</b> | _____ | Address | _____ |
| Title       | _____ | City St | _____ |
|             |       | Zip     | _____ |

I HEREBY AFFIRM THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY INFORMATION ASKED FOR ON THIS APPLICATION WILL RESULT IN DENIAL OF MY APPLICATION. OR, IF DETECTED LATER THE INVALIDATING OF ANY ISSUED BUREAU LICENSE AND SHALL SUBJECT THE APPLICANT OR PERSON TO THE PENALTIES IN §125.99

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Notary Public, Jefferson County, Kentucky

MY COMMISSION EXPIRES: \_\_\_\_\_

**PRINCIPALS, PARTNERS, OFFICERS, DIRECTORS, AGENT FOR PROCESS  
APPLICATION**

Bureau Name \_\_\_\_\_

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Applicant's Name: Individual, LLC, Partnership, Corporation \_\_\_\_\_

Aliases/Maiden Name (s) \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please provide information for each of the following, covering at least the past 10 years:**

Residences(s) \_\_\_\_\_

Education background \_\_\_\_\_

Military background \_\_\_\_\_

Criminal History background

Have you been convicted by any state or federal court within the past 10 years of any misdemeanor or felony other than minor traffic offenses?  No  Yes

List convictions for all specified criminal activities or any criminal convictions involving:

- \_\_\_\_ Use of Force or violence upon the person of another
- \_\_\_\_ Adverse Civil action judgments involving allegations pertaining to fraudulent advertising
- \_\_\_\_ Adverse Civil action judgments involving allegations pertaining to fraudulent sales or trade practices
- \_\_\_\_ K.R.S. §§ 510.040, 510.050, or 510.060 (rape in the first, second, or third degree)
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Have you ever had any business licenses revoked?       No       Yes

Give details including reasons (Use additional sheets if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
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\_\_\_\_\_  
 Applicant's signature

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\_\_\_\_\_  
 Notary Public, Jefferson County, Kentucky

MY COMMISSION EXPIRES: \_\_\_\_\_