



ESCORT BUREAU BMC 5.16 (Ord. 557; 783)

Application Requirements

- Business License Application Fee Varies (refundable if denied)
- Zone Clearance Form
- Escort Bureau Application (non-refundable)
- Permit application for each Escort
- Fingerprinting Fee (non-refundable)
- Copy of Fictitious Name Statement

Required Approval(s):

- Council Approval*
- Sheriff Department*

*Obtained by the City of Bellflower

Permit Renewal:

N/A

Add Escorts to Existing Permit BMC 5.16

Applicant Requirements:

- Application to Add Escorts to Existing Permit

Required Approval(s):

- Sheriff Department*

*Obtained by the City of Bellflower

Permit Renewal:

N/A



APPLICATION FOR ESCORT BUREAU (BMC 5.16)

BMC 5.16.040 Each application for a permit to conduct an escort bureau shall state the names and addresses of all escorts employed by or intended to be employed by the applicant. 5.16.050 A permit to conduct an escort bureau shall not be issued to or in the name of any organization, group, corporation, partnership or any other entity other than individual.

• **Please complete the required information:**

Business Name: _____ Phone: _____

Address: _____

• **Owner Information:**

Owner Name: _____ Phone: _____

Address: _____ Phone: _____

- If applicable, attach the names of the partners or the persons comprising the association or company with the place of business and residence of each such partner or person.

Federal ID Number: _____

State of Incorporation: _____

State ID Number: _____

Type of Entity:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corp-Ltd Liability | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Ltd Liability Partnership |
| <input type="checkbox"/> Other: _____ | | |

Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security No: _____ Citizenship: _____

Drivers License No:	Gender	Hair	Eyes	Height	Weight

**P.O. Box is not permissible*

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List each person the applicant proposes to sue or will use as an Escort within the City and attach a separate application for each:

Name

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Information Required to be submitted with application:

- Completed Permit application for each Escort
- Completed Business License Application with required fees
- Completed Zone Clearance form (To accompany Business License Application)
- Copy of Fictitious Name Statement

The applicant above acknowledges that he/she has read the provisions of Chapter 5-16 of the Bellflower Municipal Code and will observe, abide by and be bound by such provisions:

Applicant (Please Print) Date

Applicant Signature

***Application Fee: (non-refundable)**
***Business License Application Fee Varies (refundable if denied)**

For Internal Use:

Date Received: _____ By: _____

Receipt #: _____ Amount: _____

Hearing: _____ Approved: _____



APPLICATION TO ADD ESCORTS TO EXISTING PERMIT (BMC 5.16.120)

BMC 5.16.120 Every escort shall register with the Sheriff.

1. Qualifications for registration. An escort shall not be registered unless he first furnishes the Sheriff satisfactory evidence of the good moral character of such escort. The Sheriff may cancel the registration of any escort for cause. Thereafter an escort bureau shall not employ such escort.
2. Employment of unregistered escorts prohibited. An escort bureau shall not hire or employ any escort who is not registered with the Sheriff.
3. Notification of personnel changes. Every escort bureau shall, within twenty-four (24) hours notify the Sheriff of every change in personnel of escorts.
4. Employment of persons under twenty-one (21) years of age prohibited.

• **Please complete the required information:**

Business Name: _____ Phone: _____

Address: _____

• **Applicant Information:**

Applicant: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security No: _____ Citizenship: _____

Drivers License No:	Gender	Hair	Eyes	Height	Weight

**P.O. Box is not permissible*

• **Additional Information Required to be submitted with application:**

Proof of registration with the Sheriff's Department

The applicant above acknowledges that he/she has read the provisions of the Chapter of the Bellflower Municipal Code relating to the stated permit for which an application is being made and will observe, abide by and be bound by such provisions.

Applicants (Please Print) Date

Applicant Signature ***Application Fee: Not Required***

For Internal Use:

Date Received: _____ By: _____

Receipt #: _____ Amount: _____

Hearing: _____ Approved: _____