



OFFICE OF THE CITY CLERK
BUSINESS LICENSE APPLICATION

ESCORT / ESCORT BUREAU / ESCORT RUNNER
SUPPLEMENTAL APPLICATION

Name of Applicant: _____ Date of Birth: _____

Escort / Escort Runner

1. Have you been a resident of the state of Colorado for at least six (6) weeks immediately prior to the submission of this application? Yes No
2. Are you self-employed? Yes No

Escort Bureau

1. Select the type of service(s)
 Escort Services Modeling Lingerie Erotic Dancing
2. If an individual, have you been a resident of the state of Colorado for at least six (6) weeks immediately prior to the submission of this application? Yes No
3. If an entity, are all partners, directors, and/or officers over the age of eighteen (18) years?
 Yes No
4. Have all partners, directors, and/or officers been a resident of the state of Colorado for at least six (6) weeks immediately prior to the submission of this application?
 Yes No

**A criminal background check will be completed annually on all Escorts and Escort Runners.
An initial background check will be completed for Escort Bureau Principal/Managing Agents.**

I declare under penalty of perjury that this application and all attachments are true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____