



## Application for Employment Agency License

Use this form to apply for an Employment Agency License. Answer all questions. Attach additional sheets as needed.

- Mail the signed application to the address above.
- Be sure to include all the required information and documents listed on page 4.
- Once licensed, any change to the agency name, address, manager, ownership, partners, officers or stockholders requires prior approval by the Department of Labor for the license to remain valid.

1. Name agency will do business under: \_\_\_\_\_

2. Agency location: Street number and street: \_\_\_\_\_

City, Town, Village: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

3. Agency phone number: \_\_\_\_\_ 4. Federal Employer Identification Number (FEIN): \_\_\_\_\_

5. Main type of placements: \_\_\_\_\_

6. Number of placement employees expected: \_\_\_\_\_ (Note: Placement employees are those who spend a large part of their time interviewing, counseling or talking with job applicants for the purpose of placing or procuring a job.)

7. Type of Owner (check one):  Sole proprietor  Partnership  Corporation

8. List the name, address, title and phone number of:

- The owner, if a sole proprietor
- Each partner, if a partnership
- All officers, if a corporation, and each stock-holder owning 10% or more stock, if not publicly traded

Applicant's Name and Home Address	Title	Home Phone

9. For each person in item 8, list all the business activities they engaged in for the five years before this application's date.

Name of Person	Name and Address of Firm	Activity	Date Started	Date Ended

(Complete all pages.)

10. Did anyone listed in item 8 have any license to conduct business denied, cancelled, suspended, revoked, or surrendered?  Yes  No If "Yes," give details and reasons.

Name of Person	Date of Action	Name and Address of Business (City, Town, Village, State)	Nature of Business	Reason for Denial, etc.

11. Was anyone in item 8 ever convicted of a crime or offense other than a traffic infraction?  Yes  No If "Yes," give details and reasons.

Name of Person	Offense	Date Convicted	City, Town, Village	Penalty

**12. Give the name of the person who will direct and operate the placement activities of the agency:**

\_\_\_\_\_ **Note:** If this person is not listed in item 8, submit an "Application for Agency Manager Permit," LS 355.2 and skip item 13. It does not need to be answered.

13. Work history: Give a detailed list of each employer you worked for as a placement employee, vocational counselor, or in related activities; include self-employment.

Employer Name and Address (List the last employer first.)	Date Started	Date Ended	<ul style="list-style-type: none"> <li>• Duties: List Percent (%) of Time Spent on:               <ul style="list-style-type: none"> <li>a) interviewing and counseling applicants</li> <li>b) screening, selecting and placing applicants</li> <li>c) soliciting and obtaining job orders</li> <li>d) preparing job descriptions, etc.</li> <li>e) non-related duties</li> </ul> </li> <li>• Give Name and Title of Immediate Supervisor.</li> </ul>

(Complete all pages.)

14. Will applicant recruit people from outside the state for employment as domestic or household employees?

Yes  No If "Yes," give details regarding each emigrant agent.

Name and Address of Emigrant Agent Include country, if not operating in the US	License Number	Expiration Date	Name, Address and Title of Issuing Official

15. Does applicant intend to provide or arrange for lodging for applicants for employment or for people doing business with the agency?  Yes  No If "Yes," give details for each location.

Name and Address of Premises Where Lodging will be Furnished	Phone	Name of Person in Charge

16. Does applicant provide hospitalization insurance for domestics or household employees from overseas?

Yes  No If "Yes," give name of insurance company and policy number.

Insurance company name: \_\_\_\_\_ Policy number: \_\_\_\_\_

17. **I swear** the statements made in this application are true and accurate under the penalties of perjury.

If sole-proprietor, signature of owner.

If a corporation, signatures of president and treasurer.

If a partnership, signatures of all partners. Attach additional sheets as needed.

Applicant's Signature(s)	Title	Date

**All information and material submitted is subject to investigation by this Department.**

**(Complete all pages.)**

**Be sure to include the following information and documents with your application.** Missing information or documents may result in delays or your application could be denied.

1. **A surety bond** naming the “New York State Department of Labor” as obligee. The penal sum is \$5,000, unless the agency is a modeling agency or agency engaged in recruiting domestic or household employees from outside the continental United States, then the penal sum of \$10,000 is required.
2. **Two statements of character** (LS 361) for each person listed in item 8.
3. **Fee:** Check or money order for the required fee, payable to the Commissioner of Labor (see LS 355.3 for fees).
4. One sample each of:
  - **Applicant Contract**
  - **Terms and Conditions**
  - **Receipt, and**
  - **Each form** that an applicant for employment is required to execute
5. **A certified copy of certificate of doing business** filed with the county clerk, if sole owner or partnership, or  
**A photocopy of corporate filing receipt** filed with Secretary of State, if a corporation
6. From your insurance company a completed:
  - **C-105.2**, proving workers’ compensation insurance coverage, **and**
  - **DB-120.1**, proving disability insurance coverage  
(Other acceptable forms of proof: U-26.3 from SIF; if self-insured, SI-12 or GSI-105.2 for WC and DB-155 for disability.)

Or, if you are not liable for Workers’ Compensation and/or disability insurance, a completed:

  - **CE-200** form. This form is available at [www.wcb.ny.gov](http://www.wcb.ny.gov). Click on “WC/DB Exemptions,” then click on “Request for WC/DB Exemption.” You may contact the Workers’ Compensation Board at 866-298-7830 for help getting this form. When calling, wait until after the menu finishes for someone to help you.
7. **Fingerprint receipt:** A copy of your receipt from Morpho Trust USA (Identogo) for the required reports on fingerprint search and verification of each person listed in item 8 of this application.
  - Note: The actual reports must be submitted to this office by Morpho Trust USA to complete your application. See accompanying “fingerprinting” sheet, LS-358, for instructions including fees.

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