



## Application for Renewal of Employment Agency License

Answer all questions. Use reverse side if more space is needed.

Present License No.:

Name under which agency is presently conducting business: \_\_\_\_\_

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

2. Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. Present Business Address: Street: \_\_\_\_\_

City/town/village: \_\_\_\_\_ State: \_\_\_\_\_ Zip code (+4 not required): \_\_\_\_\_ - \_\_\_\_\_

4. Owner is: (check one)  Sole Proprietor  Partnership  Corporation

5. Average number of placement employees during preceding calendar year: \_\_\_\_\_

(Person who spends a substantial part of his time interviewing, counseling or conferring with job applicants for the purpose of placing or procuring a job)

6. Name and address of present owner. If partnership, list all partners. If corporation, list all officers with appropriate titles. If name of owner(s) has changed since last license was issued, request a new license application form LS 355.

Name and address	Title	Home Phone

7. Name and home address of person who is directing and operating the placement activities of the agency.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/town/village: \_\_\_\_\_ State: \_\_\_\_\_ Zip code (+4 not required): \_\_\_\_\_ - \_\_\_\_\_

8. Does applicant intend to provide or arrange for lodging for applicants for employment or for any person doing business with the agency?

Yes  No If "Yes," give details regarding each location.

Name and address of premises where lodging will be furnished	Phone	Name of person in charge

9. Since issuance of the last license, was any person listed in item 6 convicted of any crime or offense other than a traffic infraction?  Yes  No

If "Yes", give full details.

**Application must be accompanied by:**

- a) Surety bond naming the people of the State of New York as obligee, in the penal sum of \$5,000, except penal sum of \$10,000 required for modeling agencies and agencies engaged in recruiting domestic or household employees from outside the continental United States.
- b) Check or money order for the required fee, payable to the Commissioner of Labor.
- c) **From your insurance company**, you must obtain a completed C-105.2 proving Workers' Compensation Insurance coverage and a completed DB-120.1 proving Disability Insurance coverage. Provide both forms to this office. 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

If **not** liable for WC and/or Disability Insurance, provide a completed CE-200 to this office. This form can be obtained on-line at [www.wcb.ny.gov](http://www.wcb.ny.gov). On the home page, 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 assistance in obtaining this form. When you call, wait until the menu finishes for someone to give you assistance.

**Certify and sign on Page 3**

**I hereby certify that the above statements are true and accurate.**

10. Signature of owner. If a corporation, president and treasurer must sign. If a partnership, all partners must sign.

Signature(s) of persons making application	Title	Date

All information and material submitted is subject to investigation by the Department of Labor.