



## RENEWAL OF LICENSE APPLICATION

1. Full Name of Licensee(s)		2. Social Security Number(s)	
2. Home Address(es)		4. Home Telephone(s)	
5. Business Name/Address		6. Business Telephone / Fax Number	
7. Type of Service: <input type="checkbox"/> Private Personnel Service <input type="checkbox"/> Job Listing Service		8. Email Address	
9. Service is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
10. If partnership, name and address of each partner:			
11. Provide name and address of corporate officers and any shareholders whose ownership is 10 percent or more:			
Title	Name	Address	% Ownership
President			
Vice-President			
Secretary			
Treasurer			
Director			
Shareholder			
Shareholder			
Shareholder			
12. Name of person responsible for direction and operation of the placement activities of service (i.e., manager)			
13. Does owner, director, or manager of service have any additional business interest: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of business, location, and type of interest:			
14. Does service have a temporary division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and address			
15. Does service have an employee leasing division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and address:			

If additional space is needed to provide more information to any of the above questions, please include a separate sheet.

## RENEWAL OF LICENSE APPLICATION

(continued)

16. Pursuant to our administrative rules, this application:

- a. shall include all material changes in the operation of your private personnel service that are different from your application for initial license or license renewal, whichever is more recent; and
- b. must be signed before a notary public.

Signed \_\_\_\_\_

\_\_\_\_\_  
Please print or type name

\_\_\_\_\_  
Title

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

<b>Renewal is required annually. The completed form must be returned to the above address within 14 days of receipt.</b>
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