

Wage & Hour Bureau 1101 Mail Service Center Raleigh, NC 27699-1101 (800)625-2267

Application For License

A. Business Er	ntity Information:					
Proposed Bus	siness Name:	2. Telephone and Fax Numbe	r: 3. Email Address	S:		
4 Physical Loca	tion of Business: (Street, City	v Zin Code)				
4. Physical Location of Business: (Street, City, Zip Code)						
5. Mailing Addre	ss of Business: (If different f	rom above)				
			_			
6. Type of Servi		el Service (General or Domestic)	☐ Job Listing Se	rvice		
7. Type of Owner	ership: Sole Proprietors	hip Partnership dresses and percentage of ownership	☐ Corporation	re financial inter	rect	
	ame		ress	ne ililariciai litter	%	
O Names and a	ddresses of corporate officer					
Title	Name		Address			
President	ramo		71441000			
Vice President						
Secretary						
Treasurer						
Dinastana						
Directors						
Directors						
Directors						
9. Name and ad	dress of person responsible	for direction and operation of place	ment activities (i.e. manage	r)		
40 11 11	P 4 12 P 11 11					
	-	loyed by a job listing or private per	•	□ Yes	□ No	
if yes, list the follow	ving information: Company/agen	cy name and address, supervisor, and	dates of employment.			
11. Will the serv	ice be affiliated in any way w	ith a finance company or lending ir	estitution?	□ Yes	□ No	
If yes, list the institution name and address.						
40 Will the coming account and the formation account 0						
12 Will the service operate under a franchise agreement?						
If yes, include the name and address of the franchisor.						

В.	Licensee Information:							
13	. Full Name:		<i>'</i>	14. Social Secur	ity Number		15. Da	ate:
16	. Current Mailing Address:							
17	. Previous Mailing Address : (If at current	address less than 5 yea	ırs)					
18. Birthdate: (MM/DD/YY)			19. Place of Birth: (City/County/State)					
20	20. Home Telephone: Business Tele			e: Other Telephone/Fax:				
21	. Name of Spouse:							
22	. Each Name Used Since 18th Birthday:							
1.	Business/Personal References (Not rela Name	tive, employed by you o Addre		pplicant)		Telepho	ne	Years Known
24	. Have you ever applied for a license to op	perate a job listing service	ce. priv	ate personnel se	rvice or em	 nplovment age	encv in N	orth Carolina
	elsewhere? (Specify if other than North C		, [, , , , , , ,	,	
		awn 🗆 Granted 🗆	Denied	Name of gov	vernmental	body that act	ed upon	the
ар	plication:							
26	. Have you ever had the license to operate	e a job listing service, pr	rivate n	ersonnel service	or employ	ment agency	revoked	suspended
ref	used, or any disciplinary action taken by a							
tne	e action listed.							
27	. Has a court or government agency ever	determined that you ope	erated	a business in a d	leceptive, u	ınfair, or fraud	lulent ma	nner:
☐ Yes ☐ No If yes, describe the circumstances:								
	. Have you ever been convicted of a crime	e (other than misdemear	nor traf	fic or parking offe	ense)?	Yes □ N	lo If yes	s, nature of
cri	me, date and location of conviction.							
29	. Do you have additional business interest	ts? 🗆 Yes 🗆 N	lo	If yes, list the na	me of busir	ness, location	and type	interest.
30	. Name and address of a newspaper of ge	eneral circulation where	your re	eside and the bus	siness will b	e operated (if	f differen	t):
31	. Required Attachments:							
	 Surety Bond Complete employment history Copies of draft contracts for 5 years preceding application 							
	 - Articles of Incorporation (North Carolina) - Partnership Agreement, if appropriate - Copy of Assumed Name business filing - Board of Directors authorization for appropriate 							
officer to sign documents on behalf of corporation								



APPLICATION FOR LICENSE

Release of Information Authorization

	ense to operate a private personnel service or job f the Department of Labor, State of North Carolina, igation.
agency, bank and credit agency, former and pre the State of North Carolina, Department of Labo	, do hereby organization, insurance company, governmental esent employer, business, and individual to furnish to or, any or all available information regarding me, I ability whatsoever for issuing same. Furthermore, I ation is true and complete to the best of my
Signe	ed:
Sworn to and subscribed before me this the	day of, 200
_	Notary Public
Му со	ommission expires: