

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF LABOR COMMISSIONER

1818 COLLEGE PARKWAY, SUITE 102
CARSON CITY, NEVADA 89706
775-684-1890

APPLICATION FOR EMPLOYMENT AGENCY LICENSE

All Questions Must be Answered – Application Must be Completed in either Blue Ink or be Typewritten

Pursuant to the provisions of NRS Chapter 611, application is being made for a New Renewed Employment Agency License for the year ending December 31, 20____ to conduct and operate an employment agency under the name of :

LICENSEE BUSINESS NAME AND BUSINESS ADDRESS

(Agency Name)		

Number	Street	Suite No.

City		Zip

Business Telephone No. _____ E-mail Address _____

The Applicant is (Check Box) Individual Partnership Corporation or association Other (describe) _____

Name and address of Parent Company, if different from business name:

What type of employment agency do you intend to conduct? (Check Box) Regular Babysitting Temporary Help

APPLICANT INFORMATION

**NAC 611.050: A person who submits an application for a license to conduct a private employment agency must have the authority to legally bind the private employment agency.*

NAC 611.050 (2): If the applicant is not a natural person, a principal who has the authority to legally bind the applicant.

Name _____ Title _____ Home Telephone No. _____

Home Address _____
Number, Street, Apt. No. City State Zip

Name _____ Title _____ Home Telephone No. _____

Home Address _____
Number, Street, Apt. No. City State Zip

Name _____ Title _____ Home Telephone No. _____

Home Address _____
Number, Street, Apt. No. City State Zip

Each applicant is required to answer the following questions. Any falsification of this application will be cause for denial or revocation:

Applicant's Name _____

Citizen of U.S.? Yes No

Driver's License No. _____ State _____ Expiration Date _____

Has applicant been arrested (except minor traffic violations)? Yes No

If yes, list arrest(s):

Date	Charge	Location	Disposition

Does the applicant conduct or intend to conduct any other business? Yes No

If yes, list the name, address and telephone number of the other business:

Business Name _____ Telephone _____

Business Address _____

Has the applicant ever applied for a private employment agency license previously?

Yes Date of Application _____ No

Has the applicant ever had a previous private employment agency license revoked or denied? Yes No

If yes, give an explanation. Use additional sheets of paper if necessary.)

Have any complaints been filed against applicant while engaged in the business of a private employment agency or as an employee or counselor of a private employment agency in Nevada or any other state? Yes No

If yes, give an explanation. Use additional sheets of paper if necessary.)

Has the applicant ever owned or been employed at a private employment agency in Nevada or any other state?

Yes No Owner Employee

Give the name, address and telephone number of the agency.

Agency Name _____ Telephone No. _____

Address _____
Number, Street, Suite City State Zip

The filing of an application does not authorize the applicant to conduct any business for which a license is required, and any carrying on of such business before a license is issued may be grounds for denial of a license.

CERTIFICATION

I, the undersigned, have answered all questions in this application and to the best of my knowledge, all answers are true and correct. I further understand that disclosure of any false, misleading, or incorrect answers could result in denial or revocation of the license.

Signature of Applicant _____ Title _____

Date _____