

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

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

3300 WEST SAHARA AVENUE, SUITE 225  
LAS VEGAS, NEVADA 89102  
702-486-2650

**APPLICATION FOR EMPLOYMENT AGENCY LICENSE**

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

Please select the purpose of your application:

New  Renewed  License Number: \_\_\_\_\_  
Employment Agency License for the year ending **December 31, 20**\_\_\_\_\_

**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

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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 \_\_\_\_\_