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

1818 COLLEGE PARKWAY, SUITE 102 CARSON CITY, NEVADA 89706 775-684-1890 3340 WEST SAHARA AVENUE LAS VEGAS, NEVADA 89102 702-486-2650

APPLICATION FOR EMPLOYMENT AGENCY LICENSE

All Ques		select the purpose of y	our application: red License Num	ber:				
	LICENSEE B	USINESS NAME AND	BUSINESS ADDRESS	S				
	(Agency Name)							
	Number	Street	Suite No.					
	City		Zip					
Business Tele	ess Telephone No E-mail Address							
	t is (<i>Check Box</i>) Individua		tion or association	(describe)				
Name and add	dress of Parent Company, if di	fferent from business name:						
• •	employment agency do you in	APPLICANT INFORM	ATION					
*NAC 611.0	050: A person who submits an ap NAC 611.050 (2): If the appli	plication for a license to conduc legally bind the private employn cant is not a natural person, a pr	nent agency.					
Name		Title		Harra Talankana Na				
TT 4.1.1		11116	•	Home Telephone No.				
Home Addres	Number, Street, Apt. No.	City	State	Zip				
Name								
			e	Home Telephone No.				
Home Addres	Number, Street, Apt. No.	City	State	Zip				
Name			e	Home Telephone No.				
Home Addres	SS			¥				
	Number, Street, Apt. No.	City	State	Zip				

Each applicant is required for denial or revocation:		following questions.	Any falsification o	f this application	will be cause			
Applicant's Name								
Citizen of U.S.? Yes	No 🗌							
Driver's License No	Exp	Expiration Date						
Has applicant been arrested (If yes, list arrest(s):	except minor traffic vi	olations)? Yes 🗌 No	o 🗌					
Date	Charge	Lo	ocation	Disposit	ion			
Does the applicant conduct of If yes, list the name, as		other business? Yes [number of the other busin						
Business Name	Business NameTelephone							
Business Address								
Has the applicant ever applie	d for a private employ	ment agency license pre	viously?					
	Yes Date of	f Application		No 🗌				
Has the applicant ever had a previous private employment agency license revoked or denied? Yes No I If yes, give an explanation. Use additional sheets of paper if necessary.)								
Have any complaints been fit counselor of a private employ If yes, give an explana	yment agency in Nevac		Yes 🔲 No 🔲	oyment agency or a	s an employee or			
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	ber, Street, Suite	Q'.						
		·		tate	Zip			
The filing of an application on of such business before a				license is required,	and any carrying			
		CERTIFICAT	TION					
I, the undersigned, have answ further understand that disclo								
Signature of Applicant			Title					
Date								