



Private Employment Agency Application

Illinois Department of Labor
115 S. LaSalle St., 37th Fl.
Chicago, Illinois 60603
Tel # (312) 793-2805
Fax# (312) 814-1210

DOL.PrivateEmployment@Illinois.gov

Type of Application (check one)

___ New ___ Renewal*

SECTION I – APPLICANT INFORMATION

(*RENEWAL APPLICANTS MUST PROVIDE UPDATED INFORMATION FROM ORIGINAL APPLICATION)

1. Business Name: _____

Address (not a PO Box) _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____ Fax: _____

List all telephone numbers used by the agency (all incoming and outgoing lines) and e-mail Address (Note: use additional pages if necessary)

Incoming/outgoing lines _____ Email Address _____

Incoming/outgoing lines _____ Email Address _____

2. Applicant Insurance Information:

Name of Bonding Agent _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

3. Identification of Applicant:

a. ☐ An **Individual**, and will conduct his/her agency as a sole proprietorship:

Name: _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

b. ☐ A **Partnership**, list names of all managing partners (Note: add additional pages if necessary)

Name: _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

c. ☐ A **Limited Liability Company** (Note: add additional pages if necessary)

List of all the Managers of the LLC

Manager: _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____



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Originating and existing under the laws of the State of _____ and if a foreign L.L.C and L.L.C. is admitted to do business in Illinois.

d. ☐ **A Limited Liability Partnership** (Note: add additional pages if necessary)

List of all the Managers of LLP

Manager: _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

Originating and existing under the laws of the State of _____ and if a foreign LLP is admitted to do business in Illinois.



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- e. ☐ A **Corporation**, incorporated under the laws of the State of _____ on _____ and if a foreign corporation is authorized to operate business in the State of Illinois.

List any other business(es) you own in whole or in part:

Name of Business _____

Owned/Operated _____

Address _____ City _____ State _____ Zip Code _____

List of Officers and Shareholders:

☐ President ☐ Secretary ☐ Treasurer ☐ Shareholder

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____ % of Stock owned _____

List any other financially interested person not listed above (Note: add additional pages if necessary)

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

Title of Corporation Signer: _____ on behalf of _____
Corporation

Signature

Printed Name

Date

Signature of Corporation Secretary

Signature

Printed Name

Date

Subscribed and sworn to before me this _____ day of _____, A.D. _____

Notary Public



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Section II – Agency Management & Fee Structure

The person responsible for the general management of the Agency

Name: _____

Residence Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax# _____ Email Address _____

How many **counselors** does applicant intend to employ? _____ AND/OR

Name All Private Employment Counselors Employed by your Agency. (Submit additional sheets, if necessary)

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Do you charge placement fees to the talent/domestic/applicant? Yes ___ No___	
Do you charge placement fees to the client/family? Yes ___ No___	
If yes, attach an explanation of the following: Describe the type of applicants from whom the Agency intends to accept a fee and the amount of the fee to be charged.	

**Must Answer
"YES" to at least
one.**

PLACEMENTS AND DEMOGRAPHICS INFORMATION: Annual statement of the number and character of placements, including demographic information (Renewal applicants only):

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Section III – Financial interests for individuals, LLC, LLPs and other Partnerships

List any business(es) owned (applies to Individuals, LLCs, LLPs, and Partnerships)

Name of Business Owned/Operated _____

General Manager of Agency _____ FEIN # _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

Name of Bonding Agent or Broker _____



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Section IV – Attestation of Private Employment Agency Requirements

The undersigned attests that s/he is familiar with the legal requirements governing private employment agencies and that if granted a license, s/he will abide by the provisions of 225 ILCS 515 and 68 Ill. Adm. Code 680.

All information and material is subject to investigation by the Illinois Department of Labor.

Title of Signer: _____ on behalf of _____
Agency Name

Signature Printed Name Date

Subscribed and sworn to before me this _____ day of _____, A.D. _____

Notary Public