State of Illinois Illinois Department of Labor





Illinois Department of Labor 160 North LaSalle, Suite C-1300 Chicago, Illinois 60601-3150 Tel # (312) 793-2805 Fax# (312) 814-1210 DOL.PrivateEmployment@Illinois.gov

Type of Application (check one)			
New	Renewal*		

Business Name:			
Address (not a PO Box)	City _	State	Zip Code
Telephone	Email Address _		Fax:
	nbers used by the agency dditional pages if necessa		d outgoing lines) and e-mai
Incoming/outgoing lines	S	Email Address _	
Incoming/outgoing lines	3	Email Address _	
2. Applicant Insurance Informa	ition:		
Name of Bonding Agent			
			Zip Code
Telephone	Email	Address	
a. □ An <u>Individual</u> , and wi Name:		• •	ship:
			Zip Code
Telephone	Email Address		
b. □ A <u>Partnership</u> , list nar	mes of all managing partner	s (Note: add addit	tional pages if necessary)
Name:			
			Zip Code
Telephone	Email Address		
c. ☐ A Limited Liability Co	empany (Note: add addition	al pages if necess	sary)
List of all the Managers of th	ne LLC		
Manager:			
Address	City	State	Zip Code
Talanhana	Email Address		

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Private Employment Agency Application

Originating and existin admitted to do busines	g under the laws of the St ss in Illinois.	tate of	and if a fo	reign L.L.C and L.L.C. is	;
d. \square A Limited Liabil	ity Partnership (Note: ad	ld additional	pages if necessa	ry)	
List of all the Manager	s of LLP				
Manager:					
Address		City	State	Zip Code	_
Telephone	Email Address				
Originating and existin business in Illinois.	g under the laws of the St	tate of	and if a fo	reign LLP is admitted to	do



Private Employment Agency Application

foreign corporation is authorized to operate business in the List any other business(es) you own in whole or in par Name of Business Owned/Operated		
Name of Business Owned/Operated Address City List of Officers and Shareholders: □ President □ Secretary □ Treasurer Name City Telephone Email Address List any other financially interested person not listed a	t :	
Owned/Operated		
Address City List of Officers and Shareholders: □ President □ Secretary □ Treasurer Name City Address City Telephone Email Address List any other financially interested person not listed a		
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Telephone Email Address List any other financially interested person not listed a		
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Name		
Address City	State	Zip Code
Telephone Email Address		
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Title of Corporation Signer:	on benair or C o	prporation
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Signature Printed Name	 Da	
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Signature of Corporation Secretary		
Signature Printed Name	Da	te
Subscribed and sworn to before me this day of	, A.I	Э .
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Private Employment Agency Application

	SS			
	State			
	Fax#			
low many couns	elors does applicant inter	nd to employ?	AND/C)R
Name All Private E necessary)	Employment Counselors E	Employed by your <i>i</i>	Agency. (Submit a	dditional sheets, if
Name:		Name:		
Name:		Name:		
Name:		Name:		
Do you charge pla	cement fees to the talent	/domestic/applican	t? Yes No	Must Answer "YES" to at lea
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Private Employment Agency Application

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 III. Adm. Code 680.

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

Title of Signer:		_on behalf of	f	Agency Name	_
Signature	Printed Name	_	Date		
Subscribed and sworn to b	efore me this	day of		, A.D	
				Notary Public	