State of Illinois
Illinois Department of Labor

Private Employment Agency Application

Illinois Department of Labor
Equal Opportunity Workforce
Michael A. Bilandic Building
160 North LaSalle, Suite C-1300
Chicago, Illinois 60601-3150
Tel # (312) 793-2810
Fax# (312) 793-5257

Print Form

File Number

Application is hereby made on behalf of:

☐ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company (L.L.C.) ☐ L.L.P

Name Under Which Business will operate: _____

Street Address (Not a P.O. Box): _____

County: _____ City: _____ State: ____ ZipCode: _____

Fee Rec'd:

List all telephone numbers used by the agency, all incoming and outgoing lines

Telephone # _____ ☐ Fax

Add another Telephone Number

Remove Last Number

Check#

Insurance Information:

Name of Bonding Agent: _____

Street Address: _____

City: _____ State: ____ ZipCode: _____

Telephone # _____ Fax # _____

The person who is to have the general management of the agency is:

Name: _____

Residence Street Address: _____

City: _____ State: ____ ZipCode: _____

Residence Telephone # _____ Residence Fax # _____

How many counsellors does applicant intend to employ? _____

Date Received

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Applicant is:

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

Name: _____

Residence Address: _____

City: _____ State: ____ ZipCode: _____

2. ☐ A Partnership, list names of all managing partners

Name: _____

Residence Address: _____

City: _____ State: ____ ZipCode: _____

Add another Managing Partner | Remove Last Managing Partner

3. ☐ A Limited Liability Company or 4. ☐ A Limited Liability ParnerShip originated 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.

List all Managers of the L.L.C.

Manager: _____

Residence Address: _____

City: _____ State: ____ ZipCode: _____

Telephone # _____ Fax # _____

Add another Manager | Remove Last Manager

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

Check# ____

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List any other business owned or operated in whole or in part

Name of Business Owned/Operated: _____

City: _____ State: ____ ZipCode: _____

Add another Business Owned\Operated | Remove Last Business

List all Officers and Shareholders

☐ President ☐ Secretary ☐ Treasurer ☐ Shareholder

Name: _____

Residence Address: _____

City: _____ State: ____ ZipCode: _____ % of Stock owned: ____

Telephone # _____ Fax # _____

Do you own any other business in whole or in part? ☐ Yes ☐ No

Add another Officer/Shareholder | Remove Last Officer/Shareholder

List any other financially interested person not listed above:

Name: _____

Check#

☐ Sole Owner ☐ Partner ☐ Corporation President ☐ Manager

Title of Signer: _____

Signature | Printed Name | Date

Signature of Corporation Secretary

Signature | Printed Name | Date

Private Employment Agency Application

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

_____
Notary Public

Check#