



# Private Employment Agency Application

Illinois Department of Labor  
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**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 <b>placement fees</b> to the talent/domestic/applicant? Yes ___ No___	<b>Must Answer "YES" to at least one.</b>
Do you charge <b>placement fees</b> 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.	

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 \_\_\_\_\_

