

Renewal Application – Employment Agent’s License Pursuant to Section 105 Wisconsin Statutes

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Authorization for this form is provided under Chapter 105 Wisconsin Statutes and Section DWD 277.02 of Wisconsin Administrative Code. Completion of this form is mandatory. This information is used for the purpose of processing your application and maintaining the division's records.

Provision of your social security number (if an individual) or your federal employer identification number (if part of a corporation or partnership) is mandatory per section 105.06(1m) Wisconsin Statutes. If an individual does not have a social security number they may provide a statement per 105.06(1m)(bm). These numbers will only be used to determine if you have any unpaid taxes or child support. Failure to provide these numbers or statement will cause the Department to deny your request.

General Information			
1. The undersigned hereby applies for renewal of license to engage in the business of an employment agent for the license year 20__ (Ending June 30)			
Licensee Name			
Agency Name(Individual or Corporation)			
Agency Street Address	City	State	Zip Code
Agency Business Telephone Number ()			
Branch Office Street Address (if any)	City	State	Zip Code
Branch Office Street Address (if any)	City	State	Zip Code
Manager Name(s)			
2. Business Status (Check One)			
<input type="checkbox"/> Individual	Social Security Number		
<input type="checkbox"/> Partnership	Federal Employer Identification Number		
<input type="checkbox"/> Corporation	Federal Employer Identification Number		
Note: Per DWD 277.04(3) a corporation shall file with the department a certified statement setting forth the names, home addresses and telephone numbers of all officers and directors of the corporation and their respective interest therein.			
3. License Class			
<input type="checkbox"/> Class I	Applicant paid fee agencies securing work for persons in the following types of positions: administrative, clerical, commercial, executive, professional, sales, technical, domestic, household employee, unskilled or untrained worker, industrial worker or mechanic.		
<input type="checkbox"/> Class II	Modeling Agencies.		
<input type="checkbox"/> Class III	Nurses Registry.		
<input type="checkbox"/> Class IV	Other agencies whose activities are of a specified nature or limited to specific areas of activity or types of placements that do not fall under the other classes of license. (Attach explanation of specialty area.)		
Note: You may apply for more than one class of license. There is no difference in cost whether you have one, two or more classes included on your license.			
4. Number of Placements made July 1, 20__ thru June 30, 20__ (Placements, not money)			

5. Computation to determine amount of license fees payable on gross receipts for past license year. (July 1, 20__ thru June 30, 20__)

(a) Total gross receipts, from paid fees, for past license year amounted to (in words).				
(b) Rate of license fee 1% of total gross	Times	Gross receipts \$	Equals	Fee computed \$
(c) License fee for the past license year (not less than \$50.00 or more than \$300.00) from "fee" computed above.				\$
(d) Less the amount of statutory fees, which you advanced last year.				\$ 50.00
(e) Remaining amount payable for the past license year. (Line "c" minus Line "d".)				\$
(f) Advanced payment of statutory minimum license fee for the present license year.				\$ 50.00
(g) Add \$150.00 for each branch office.				\$
(h) Add registrations fee (\$5.00) if an employer paid fee is charged.				\$
(i) Total amount to be remitted (Line "e" plus Line "f" plus Line "g" plus Line "h".				\$

Make remittance payable to The Equal Rights Division and send to:

**THE EQUAL RIGHTS DIVISION
P O BOX 8928
MADISON WI 53708**

This renewal application must be accompanied with the items listed below.

- (a) Fee-Amount shown in Section 5.
- (b) Surety Bond of \$5,000. (Bond form must be completed and submitted with renewal)
- (c) A copy of the following forms used by the agency
 - 1. Contract
 - 2. Applicant Fee Schedule
 - 3. Application
 - 4. Receipt
 - 5. Referral Card
 - 6. All other forms used in the placement of applicants
- (d) If a corporation, a certified statement as required under DWD 277.04(3)

If you have any questions, call (608) 266-7560

I swear or affirm that the information in this application is true and correct

Applicant Signature	Title	Date Signed

**STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION**

**Employment Agent's Bond
Pursuant to Section 105.06, Wisconsin Statutes
Bond Number _____**

DECLARATION OF INTENT

That we

_____	, as principal, and
_____	Company,

a body corporate, duly authorized to do business in the State of Wisconsin, as surety, are hereby jointly, and severally, held and firmly bound unto the State of Wisconsin for the penal sum of Five Thousand Dollars (\$5,000) to be paid to the State of Wisconsin; to which payment, we bind ourselves, our heirs, executors, administrators, successors, and assigns, firmly by this declaration of intent.

Whereas, the above bounden principal desires a license to engage in the business of an employment agent for profit pursuant to the provisions of Chapter 105, Wisconsin Statutes, and has made application to the Department of Workforce Development, of Wisconsin to conduct such business at

Street Address			
City	State	Zip Code	County

Now therefore, and condition of this obligation is such, that if the principal will conform to and not violate any of the duties, terms, conditions or requirements of Section 105.01 to 105.16 inclusive of the Wisconsin Statutes, then this obligation shall be void, otherwise to remain in full force and effect in law.

This bond may be terminated as to future acts of the Principal upon sixty (60) days written notice by the Surety; said notice to be sent to the Department of Workforce Development by certified mail.

The term of this bond shall be from
07/01/20__ to 06/30/20__

Signed, sealed and delivered this

Date (MM/DD/YYYY)

In the presence of:

_____	_____ (Seal)
(Witness)	(Principal)
_____	_____ (Seal)
_____	By: _____
	(Attorney-In Fact)

This bond may be renewed by Continuation Certificate.

APPROVED:
Department of Workforce Development

Department of Workforce Development
Equal Rights Division
PO Box 8928
Madison, Wisconsin 53708