

**State of South Carolina
Office of the Secretary of State
Jim Miles**

**P.O.Box 11350
Columbia, SC 29211**

803-734-1790

APPLICATION FOR LICENSE TO OPERATE A PRIVATE PERSONNEL PLACEMENT SERVICE

To the Secretary of State, I (we) the undersigned _____
(Person, Partnership or Corporation)
of _____
(Street Address) (City) (State) (zip)

do hereby make application for license to operate a private personnel placement service pursuant to S.C. Code Ann. § 41-25-10 et seq. A license fee in the amount of one hundred (\$100.00) dollars and application fee in the amount of two hundred (\$200.00) dollars for a total of three hundred (\$300.00) dollars and bond in the penal sum of three thousand (\$3000.00) dollars or other security equal to twenty-five thousand dollars (\$25,000.00) are submitted herewith.

1. Name and address of agency for which this application is made:

Corporate or Business Name: _____
Street Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Contact Person: _____
Trade Name(s): _____

(A) If Corporation, list name, address, and social security number of:

President: _____
Vice President: _____
Secretary: _____
Treasurer: _____

(B) If Partnership, list name and address of each partner:

2. Business or occupation engaged in by applicant previously:

(A) Has any officer or partner previously held or applied for a license within the United States, its

possessions, or territories? **Yes** **No**

(B) If so, was license granted or denied? **Granted** **Denied**

(C) Has license been revoked anywhere in the United States, its possessions, or territories? **Yes** **No**

If so, where? _____

3. Name, address, and phone number of the person at this agency location who will operate and direct the placement activities: _____
Name and address of the last employer of person listed above: _____

4. Has applicant ever operated or been associated with any private employment agency? **Yes** **No**
If yes, give name of agency(s) and position(s) held: _____

5. Has applicant ever been bonded? **Yes** **No** If yes, list in which state(s): _____
(A) Applicant's name as listed on bond: _____
(B) Name of surety company: _____ Date: _____
(C) Has applicant had bond canceled or application rejected? **Yes** **No**
If yes, state reason: _____

6. Names and addresses of places of employment during last three years. If partnership, give employment of each partner. If corporation, give employment of each officer.

- 1) Name of partner or officer of corporation: _____
Name and address of employer: _____
Dates of employment: From: _____ To: _____
Last position held: _____ Reason for leaving: _____
- 2) Name of partner or officer of corporation: _____
Name and address of employer: _____
Dates of employment: From: _____ To: _____
Last position held: _____ Reason for leaving: _____
- 3) Name of partner or officer of corporation: _____
Name and address of employer: _____
Dates of employment - From: _____ To: _____
Last position held: _____ Reason for leaving: _____
- 4) Name of partner or officer of corporation: _____
Name and address of employer: _____
Dates of employment: From: _____ To: _____
Last position held: _____ Reason for leaving: _____

7. List the names and addresses of each person who it is proposed will own twenty percent (20%) or more of the Owners Equity of the agency: _____

8. Surety Bond Information – Bond Number: _____ Expiration Date: _____

Issued by: _____

Issued for: _____
(Agency) (Owner)

Personally appeared before me the undersigned who, being duly sworn, deposes and says that the information submitted in the foregoing application is true and correct to the best of their knowledge, and there is no other information known by the undersigned which would influence in any manner the issuance of the license.

1) Applicant: _____

Signature: _____

Date of Birth: _____

Date: _____

Resident of: _____

Phone Number: _____

2) Applicant: _____

Signature: _____

Date of Birth: _____

Date: _____

Resident of: _____

Phone Number: _____

3) Applicant: _____

Signature: _____

Date of Birth: _____

Date: _____

Resident of: _____

Phone Number: _____

Subscribed and sworn before me this ____ day of _____ 20__.

(Notary Public)

My Commission expires: _____

If Proprietorship, proprietor must sign; if Partnership, each partner must sign; if Corporation, each officer must sign.

KNOW ALL MEN BY THESE PRESENTS, THAT WE

doing business as _____

an employment agency of _____ as principal,

and _____ of _____ as surety,

are held firmly bound to the people of the State of South Carolina in the penal sum of \$3,000.00, lawful money of the United States of America, to be paid to the people of the State of South Carolina; for which payment we bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and severally, firmly by these presents.

The condition of this obligation is that if the above bounden principal complies with the Provision of Act 107 of 1981 of the State of South Carolina and pays all sums due any individual or group of individuals when such principal or his representative or agent has received sums, and pays all damage occasioned to any person by reason of misstatement, misrepresentation, fraud deceit, or any unlawful acts or omissions of the principle mentioned above, or of his agents or employees while acting within the scope of their employment, then this obligation is to be void, otherwise it is to remain in full force and effect.

This bond shall be deemed continuous in form and shall remain in full force and effect throughout all succeeding license periods unless terminated or cancelled in the manner hereinafter provided.

The State of South Carolina, acting through the Secretary of State, reserves the right, at any time, to terminate this bond (except as to any liability already incurred or accrued) by a written notice of such termination to the surety, and thereupon this bond shall terminate and be of no more force or effect, except as to any liability already incurred or accrued as to which it shall remain in full force and effect.

The surety reserves the right to terminate this bond except as to any liability already incurred or accrued and may do so upon giving the said principal and the Secretary of State of the State of South Carolina thirty days written notice to that effect and thirty days after the receipt by the Secretary of State of such notice, its liability under this bond, except as to any liabilities or indebtedness already incurred or accrued, shall cease, and said bond shall thereupon terminate and be of no more force or effect, except as to any liabilities or indebtedness already incurred or accrued thereunder.

In witness whereof, the said principal and surety have hereunto set their hands and seals

this _____ day of _____, _____.

Witnesses: (as to principals) _____ (Seal)

_____ (Seal)

_____ (Seal)

_____ (Seal)

_____ (Seal)

Witnesses: (as to Surety)

_____ (Seal)

_____ (Seal)

CERTIFICATE OF ATTORNEY

In RE: _____

Date: _____

I, _____, an attorney duly licensed by the South Carolina bar, hereby certify that the employment agency to whose application for license this certificate is attached, has complied with the requirements of S.C. Code Ann. §§ 41-25-10, et. seq., relating to the organization of employment agencies and, in my opinion, the agency is organized for a lawful purpose.

(Signature)

Name: _____

Address: _____

**REQUIREMENTS FOR NEWSPAPER ADVERTISEMENT
OF APPLICATION FOR LICENSE**

*A **NOTICE** CONTAINING THE FOLLOWING INFORMATION MUST BE PLACED IN THE NEWSPAPER OF THE GREATEST CIRCULATION IN THE COUNTY OF THE APPLICANT'S LOCATION AND MUST OCCUR ON AT LEAST ONE OCCASION PRIOR TO FILING FOR A LICENSE. ATTACH A COPY OF THE PRINTED NOTICE TO A SIGNED **VERIFICATION** FROM THE NEWSPAPER THAT STATES WHEN THE AD WAS RUN.*

NOTICE

Please take note that _____ has applied to the Secretary of State's Office for a license to operate a Private Personnel Placement Service in the name of _____ at the following location: _____. The said agency will be operated by _____.