



State of New Hampshire

Department of Labor

Hugh J. Gallen
State Office Park
Spaulding Building
95 Pleasant Street
Concord, NH 03301
603/271-3176
TDD Access: Relay NH
1-800-735-2964
FAX: 603/271-6149
<http://www.nh.gov/labor>

RESTRICTED EMPLOYEE LEASING APPLICATION

- Initial Restricted Employee Leasing Application
- Renewal restricted Employee Leasing Application

The following fees must be included with the application.

- Application Filing Fee: \$100.00
- Annual License Fee: \$100.00 or the amount of license fee required in the applicant's domiciled state, whichever is greater

Please provide applicant's state of domicile: _____

Please provide the amount of license fee required in applicant's domiciled state: _____

Application Date: _____

Name of Leasing Company Applicant: _____

Applicant's Address: _____

Applicant's Federal Identification Number: _____

Applicant's Affiliated Companies (if any): _____

- Does Applicant maintain an office, sales force, sales representative or solicit clients in the State of New Hampshire?
- Does Applicant have more than 100 employees working in New Hampshire?
- Are the requirements for leasing licensure in Applicant's domiciled state and New Hampshire substantially the same?
- Has Applicant attached supporting documentation demonstrating that leasing licensure requirements in Applicant's domiciled state and New Hampshire are similar?

Please provide the following information for the designated contact to the Leasing Company Applicant:

Name of Contact: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Email Address:

- 1) Please list the names and business addresses of all principals, owners, shareholders, partners, officers, managers or persons and principal owners of any entities who own 10% or more of the applicant or exercises the power to control day to day operations:

- 2) Please provide a description of any additional businesses operated by the individuals identified in Question 1 of the application within the five years prior to the date of this application. Has applicant's leasing license been suspended or limited in any other jurisdiction?

Yes No

If yes, please provide explanation of the suspension or limitation, inclusive of timeframe and jurisdiction:

3) Has applicant failed to pay employee wages, benefits, federal payroll taxes, state payroll taxes, or unemployment compensation contributions when due in New Hampshire or any other jurisdiction?

Yes No

If yes, please provide explanation, inclusive of identification of applicable jurisdiction:

4) With the exception of minor traffic violations, has any individual identified in Question 1 of the application ever been convicted of any crime which has not been annulled by a court, subject to state or federal levy, or filed for bankruptcy?

Yes No

If yes, please provide an explanation inclusive of jurisdiction where the crime, levy or bankruptcy occurred:

5) Has any person identified in Question 1 of the application ever been declared bankrupt, or made an assignment for the benefit of creditors?

Yes No

If yes, please provide and explanation:

- 6) Does the applicant leasing company have client companies in the State of New Hampshire?
Yes No
If yes, please attach a list of all New Hampshire clients and date they became a client.
- 7) Is applicant leasing company a subsidiary of a parent company?
Yes No
- 8) Is a complete Parent Company Agreement (Form WC-EMPLSNG-PC) attached to this application?
Yes No
- 9) In accordance with RSA 277-B:5, VI, please certify below that the applicant leasing company does not conduct a temporary help service through the same entity as the applicant leasing company or comingle funds with a temporary help service operated through an associated entity.
- _____ certifies that it does not conduct temporary help services or comingle funds with temporary help services operated through an associated entity
- 10) Is the applicant leasing company required to hold additional State and/or Federal licensure in relation to its activities aside from a leasing license? If yes, explain and provide copy of said licensure.



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ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MISSTATEMENTS, INCLUDING ANY INCOMPLETE ANSWERS IS SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION AND MAY FORM THE BASIS FOR A REVOCATION OR SUSPENSION OF ANY LICENSE ISSUED HEREUNDER.

I _____, the duly authorized _____ of the applicant hereby certify that the above answers and all documentation submitted with this application are complete and true to the best of my knowledge and belief. All statements are made under penalty for false swearing.

Name of Applicant

By: _____
Name of its duly authorized _____

State of _____
County of _____

On this _____ day of _____ 20____, before me,
the undersigned officer, personally appeared _____,

known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary of Public _____ My Commission expires: _____