



STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
CONCORD, NH 03301

EMPLOYEE LEASING RENEWAL APPLICATION

Filing Fee: \$100.00

Date of Last Application: _____

Name of Applicant: _____ Date: _____

Address: _____

Federal Identification Number: _____

Affiliated Companies (if any) _____

Please list the name and business address of all principals, owners, shareholders, partners, officers, managers or individuals exercising the power to control the day to day operations or direction of the applicant:

Please provide a description of the business(es) operated by the principals, owners, shareholders, partners, officers, managers or individuals exercising the power to control the day to day operation or direction of the applicant during the five years immediately preceding the date of application:

Have you ever had your license suspended or limited in any other jurisdiction or not paid employee wages or benefits or federal or state payroll taxes or unemployment compensation contributions when due?

No _____ Yes _____ (If yes, please explain) _____

With the exception of minor traffic violations, has any person who is a principal, owner, shareholder, partner, officer, manager or individuals exercising the power to control the day to day operation or direction of the applicant ever been convicted of any crime which has not been annulled by a court?

No _____ Yes _____ (If yes, please explain) _____

Has any person who is a principal, owner, shareholder, partner, officer, manager or individuals exercising the power to control the day to day operations or direction of the applicant ever been declared bankrupt, or made an assignment for the benefit of creditors? No _____
Yes _____ (If yes, please explain) _____

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 of perjury.

Name of Applicant

By: _____
Name of its duly authorized _____

State of _____
County of _____

On this _____ day of _____ 19____, 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: _____