

**PROFESSIONAL EMPLOYER ORGANIZATION –
SMALL OPERATION LICENSE
LICENSE APPLICATION**
___ Initial Application ___ Renewal Application

Legal name of applicant: _____ FEIN#: _____

List any other names under which the PEO is, has or will engage in a professional employer service. If there are no other names enter "None" **Other Names** _____

Principal business location: Street _____
City, State, ZIP _____

Mailing address, if different from principal business location. If there is none enter "None"
Street _____
City, State, ZIP _____

Business location of each Utah office (street, city, state, ZIP), list on attachment **Attachment** _____

Contact person (name, title, telephone number, fax number, email address): Name _____
Title _____ Phone _____ Fax _____ Email _____

Applicant's Website Address. If the company does not have one enter "None". Site _____

Has there been any adverse regulatory action taken by any state or federal regulatory law enforcement or regulatory agency against the PEO, an owner, a director, an officer, or senior executive officer? **Yes** ___ **No** ___
If yes, attach an explanation and any documentation pertaining to the action.

Is the Professional Employer Organization a member of a professional employer organization group that files on a combined or consolidated basis? **Yes** _____ **No** _____

If yes:

1. Does each member of the professional employer organization group guarantee the obligations of each other member of the professional employer organization group under this chapter? **Yes** _____ **No** _____

If "no" the Professional Employer Organization does not qualify as a group and must apply as an individual Professional Employer Organization.

2. Does the controlling entity of the professional employer organization group guarantee the obligations of the professional employer organization under this chapter? **Yes** _____ **No** _____

If "no" the Professional Employer Organization does not qualify as a group and must apply as an individual Professional Employer Organization.

Is the applicant licensed in another state that has requirements substantially similar to or more restrictive than Utah Code 31A-40, Professional Employer Organization Licensing Act? **Yes** _____ **No** _____

If yes, list the state _____.

Is the applicant in good standing in that state? **Yes** _____ **No** _____

Does the applicant maintain an office in Utah? **Yes** _____ **No** _____
If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT LICENSED THROUGH AN ASSURANCE ORGANIZATION application.

Does the applicant have clients who maintain an office in Utah? **Yes** _____ **No** _____
If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT LICENSED THROUGH AN ASSURANCE ORGANIZATION application.

Does the applicant have more than fifty (50) employees employed or domiciled in Utah? **Yes** _____ **No** _____
If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT LICENSED THROUGH AN ASSURANCE ORGANIZATION application.

Is the applicant owned by another PEO operating in Utah? **Yes** _____ **No** _____

If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT LICENSED THROUGH AN ASSURANCE ORGANIZATION application.

The following information must accompany this application:

1. Payment of a non-refundable \$2,050 Initial Application Fee (\$2,000 license and \$50 E-commerce) or \$1,050 Renewal Application Fee (\$1,000 license and \$50 E-commerce).
2. Provide the name and number of employees in Utah for each client with employees in Utah.

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or other material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

I further certify that I grant permission to the Commissioner to verify information with any federal, state, or local government agency, current or former employer, or insurance company.

Signature

Date

Printed Name

Title

Submitting this application and attachments thereto certifies that the statements and documentation are true.