



**STATE OF NEW HAMPSHIRE**  
DEPARTMENT OF LABOR  
CONCORD, NH 03301

**EMPLOYEE LEASING RENEWAL APPLICATION**

**Filing Fee: \$100.00**

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 persons and entities who own 10% or more of the applicant:

Please provide a description of the business(es) operated by the principles, 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) \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Mailing Address of Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 \_\_\_\_\_ 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: \_\_\_\_\_