



**PROFESSIONAL EMPLOYER ORGANIZATION
LICENSE RENEWAL APPLICATION**
SECRETARY OF STATE
SFN 58947 (05-2024)

For Office Use Only

ID Number:	
WO Number:	
Renewed:	By:
Expiration Date:	

RENEWAL FEE: \$500.00

LICENSE PERIOD: 1 YEAR

REQUIREMENTS:

- Surety bond or irrevocable letter of credit with a minimum amount of the lesser amount of \$100,000 or 5% of the total wages reported on the employer's quarterly contribution and wage report to Job Service North Dakota for the quarter immediately preceding the submission of this application to the Secretary of State (see instructions)
- Copy of quarterly contribution and wage report filed with Job Service North Dakota or a letter of clearance from Job Service North Dakota

SEE INSTRUCTIONS FOR FILING AND MAILING INFORMATION.

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code Chapter 43-55.

"The undersigned natural person provides the following information on behalf of the applicant for renewal of a professional employer organization license."

1. Name of professional employer organization		
2. Any other business names under which the professional employer organization conducts business, or intends to conduct business in North Dakota		
3. Business type (check one)		
<input type="checkbox"/> Sole proprietorship (skip #5)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited liability company
<input type="checkbox"/> General partnership	<input type="checkbox"/> Limited partnership	<input type="checkbox"/> Limited liability partnership
<input type="checkbox"/> Limited liability limited partnership <input type="checkbox"/> Other - Define: _____		
4. Jurisdiction of origin	5. Date professional employer created in jurisdiction of origin (MM/DD/YY)	6. Fiscal year end (MM/DD)
7. Complete address of principal executive office of professional employer organization (street/RR, PO box if applicable, city, state, ZIP+4)		8. Telephone number
9. Complete address of each office the professional employer organization maintains in North Dakota (street/RR, PO box if applicable, city, state, ZIP+4)		
10. List the jurisdictions (states or countries) where the professional employer organization has operated in the preceding five years, including the business name used and any alternate names, previous names of predecessors, and , if known, successor business entities		
YEAR	JURISDICTION	BUSINESS NAME

11. Names of individuals who manage the professional employer organization or otherwise have the authority to act as a senior executive officer of the professional employer organization		
TITLE	NAME	COMPLETE MAILING ADDRESS
PRESIDENT		
VICE PRESIDENT		
SECRETARY		
TREASURER		
12. Names and <u>complete addresses</u> of persons owning or controlling 25% or more of the equity interests of the professional employer organization		
	NAME	COMPLETE MAILING ADDRESS
13. "I, the undersigned, am authorized by the applicant to sign this application, know the contents thereof, and believe the statements to be true. I understand that if I make a false statement in this document, I may be subject to criminal penalties."		
Signature		Date
14. Name of person to contact about this document	Email address	Daytime telephone number

MAILING INSTRUCTIONS: Send completed application and fee to:

Secretary of State
 State of North Dakota
 600 E Boulevard Ave Dept 108
 Bismarck ND 58505-0500

PROFESSIONAL EMPLOYER ORGANIZATION LICENSE RENEWAL APPLICATION INSTRUCTIONS

A professional employer organization (PEO) license must be renewed before the expiration date. The application for renewal may be submitted to the Secretary of State within 60 days prior to the expiration.

A PEO must continuously have its business entity properly registered with the Secretary of State to renew a license. A corporation, limited liability company, limited partnership, limited liability partnership, or limited liability limited partnership organized under laws other than those of North Dakota must continuously maintain a Certificate of Authority from the Secretary of State to transact business in North Dakota. A sole proprietor, corporation, or limited liability company using a trade name must maintain a Trade Name Registration with the Secretary of State. A general partnership using a fictitious name must maintain a Partnership Fictitious Name Certificate with the Secretary of State. For forms, contact the Secretary of State's office.

RENEWAL FEE: \$500

ATTACHMENTS:

Surety bond or irrevocable letter of credit: A professional employer organization must submit a surety bond or irrevocable letter of credit payable to the State of North Dakota with a minimum value of the lesser amount of \$100,000 or 5% of the total wages reported on the employer's quarterly contribution and wage report to Job Service North Dakota for the quarter immediately preceding the submission of this application to the Secretary of State. A professional employer organization that has not filed an employer's quarterly contribution and wage report with Job Service North Dakota shall submit a surety bond or irrevocable letter of credit in the amount of \$100,000.

The surety bond or irrevocable letter of credit must be held by the Secretary of State to secure payment by the professional employer organization of any tax, wage, benefit, or other entitlement due to or with respect to a covered employee if the professional employer organization does not make the payment when due.

A professional employer organization shall provide to the Secretary of State notice of cancellation or nonrenewal of the surety bond or irrevocable letter of credit at least 45 days before cancellation or nonrenewal of the surety bond or irrevocable letter of credit.

Quarterly Contribution and Wage Report: A copy of the quarterly contribution and wage report filed with Job Service North Dakota or a letter from Job Service North Dakota stating that the applicant is not liable for unemployment insurance must accompany the application.

The following instructions correspond to the numbered sections on the form:

1. Provide the applicant's correct organization name as organized in the state or country of organization. Punctuation and abbreviations must be consistent with those in the name as the organization registered with the Secretary of State.
2. Provide any other business names under which the professional employer organization conducts business or intends to conduct business in North Dakota. All assumed names must be properly registered as trade names or fictitious names with the Secretary of State before the application may be approved.
3. Select the organizational structure that best defines the applicant. If the applicant is a sole proprietor using a trade name, a Trade Name Registration must be filed with the Secretary of State. If the applicant is a corporation or limited liability company, include the state of origin. **A domestic corporation or limited liability company must have articles on file and be in existence with the Secretary of State before a license will be granted. A foreign corporation, foreign limited liability company, foreign limited partnership, foreign limited liability partnership, or foreign limited liability limited partnership must secure a certificate of authority before transacting business or obtaining any license or permit in North Dakota. A general partnership using a fictitious name must file a Partnership Fictitious Name Certificate with the Secretary of State.** If the applicant is an organizational structure defined as "other" and not mentioned above, the acceptance of an application will be assessed on a case-by-case basis. Clearly define any business structure classified as "other."
4. For all business types, except sole proprietorships, provide the jurisdiction of origin.
5. Provide the EXACT date (month, day, AND year) when the applicant organization was created in the jurisdiction of origin.
6. Provide the applicant's fiscal year end (month and day).
7. A complete address of the applicant's principal executive office, wherever located, is required.
8. Provide the telephone number at the applicant's principal executive office.
9. Provide the complete address of each office the employer organization maintains in North Dakota.

PROFESSIONAL EMPLOYER ORGANIZATION LICENSE RENEWAL APPLICATION INSTRUCTIONS (continued)

10. List the jurisdictions (states and countries) where the professional organization has operated in the preceding 5 years. Include the business name used and any alternative or assumed names, names of predecessors, and, if known, successor business entities. If the organization has always conducted business under the name provided in number 1 of this application, indicate that.
11. Provide the names of the officers or managers of the professional employer organization or the names of the individual(s) that otherwise have the authority to act as a senior executive officer of the professional employer organization.
12. Provide the names and complete addresses of all persons owning or controlling 25% or more of the equity interests of the professional employer organization.
13. The application must be dated and signed by an individual authorized to sign on behalf of the professional employer organization.
14. Provide the name, email address and daytime telephone number of the person to contact for any issues related to this application. The email address is not disclosed to the public; this information is confidential in accordance with N.D.C.C. Section 44-04-18.21.

ASSISTANCE: If assistance is required to complete the license application, contact the Secretary of State.

EMAIL: Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

FAX FILING: The document and Credit Card Payment Authorization may be faxed to (701) 328-1690. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

MAILING INSTRUCTIONS: Send the completed application and fee to:

Secretary of State
State of North Dakota
600 E Boulevard Avenue Dept. 108
Bismarck ND 58505-0500

Telephone: (701) 328-2900

Toll-Free: (800) 352-0867

Fax: (701) 328-1690

Website: sos.nd.gov



CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE
SFN 51478 (02-2016)

WO Number (For Office Use Only):

Amount

Name			Telephone Number	
Address		City	State	ZIP Code
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			Signature (required by credit card companies)	
Account Number		CSC Number*	Card Expires (MMYY)	Date

*Three-digit (Visa, MasterCard, or Discover) or four-digit (American Express) security code