COMPLETE, PRINT, SIGN, AND MAIL OR FAX (If paying with credit card, complete Credit Card Payment Authorization on page 4)

PROFESSIONAL EMPLOYER ORGANIZATION	For Office L	Jse Only	
	ID Number:		
SECRETARY OF STATE SFN 58619 (05-2024)	WO Number:		
	Filed:	By:	
	Expiration Date:	Expiration Date:	

# LICENSE FEE: \$1,000.00

## LICENSE PERIOD: 1 YEAR

#### **REQUIREMENTS:**

- Surety bond or irrevocable letter of credit 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 (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 a professional employer organization license."

1. Name of professional employer organization					
2. Any other be	usiness names under which the	profes	ssional employer organization i	ntends to conduct business in North Dakota	
3. Business typ	be (check one)				
Sole pro	prietorship (skip #5)		Corporation	Limited liability compar	ıy
General	partnership		Limited partnership	ship	
Limited	liability limited partnership		Other - Define:		
4. Jurisdiction	of origin		5. Date professional employe	r created in jurisdiction of origin (MM/DD/YY)	6. Fiscal year end (MM/DD)
7. Complete ad	ddress of principal office of prof	ession	al employer organization (stree	et/RR, PO box if applicable, city, state, ZIP+4)	8. Telephone number
				ns in North Dakota (street/RR, PO box if appli	
	sdictions (states or countries) waternate names, previous name			nization has operated in the preceding five year ccessor business entities	ars, including the business name
YEAR	JURISDICTION		· · · · · · · · · · · · · · · · · · ·	BUSINESS NAME	

11. Names of indivi professional employ		ganization or otherwise have the authority to act as a senior exe	cutive officer of the		
TITLE	NAME	COMPLETE MAILING ADDRES	6		
PRESIDENT					
VICE PRESIDENT					
SECRETARY					
TREASURER					
12. Names and con		g 25% or more of the equity interests of the professional employ	•		
	NAME	COMPLETE MAILING ADDRES	8		
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 persor	n to contact about this document	Email address	Daytime telephone number		

MAILING INSTRUCTIONS: Send completed application and fee to:

# PROFESSIONAL EMPLOYER ORGANIZATION LICENSE APPLICATION INSTRUCTIONS

A person may not provide, advertise, or otherwise hold itself out as providing professional employer services, unless the person has obtained a Professional Employer Organization License from the Secretary of State. A person engaged in the business of providing professional employer services shall obtain a license regardless of its use of the term or conducting business as a "professional employer organization," "staff leasing company," "registered staff leasing company," "employee leasing company," "administrative employer," or any other name.

According to North Dakota Century Code, § 43-55-01, subsection 8, a professional employer organization is defined as "a person engaged in the business of providing professional employer services. The term does not include an arrangement through which a person that does not have as its principal business activity the practice of entering a professional employer arrangement and does not hold itself out as a professional employer organization and that shares an employee with a commonly owned company within the meaning of section 414(b) and (c) of the Internal Revenue Code of 1986; an independent contractor arrangement through which a person assumes responsibility for a product produced or a service performed by the person or the person's agents and retains and exercises primary direction and control over the work performed by an individual whose services are supplied under the arrangement; or the provision of temporary help services."

The applicant for a professional employer organization must continuously have its business entity properly registered with the Secretary of State to obtain and maintain a license. If the applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or limited liability limited partnership organized under laws other than those of North Dakota, it must obtain a Certificate of Authority from the Secretary of State to transact business in North Dakota. An applicant that is a sole proprietor, corporation, or limited liability company using a trade name must file a Trade Name Registration with the Secretary of State. A general partnership using a fictitious name must file a Partnership Fictitious Name Certificate with the Secretary of State. For forms, contact the Secretary of State's office.

#### FEE: \$1,000

#### 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 <u>45</u> 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 <u>or a letter from</u> 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 registered with the Secretary of State.
- 2. Provide any other business names under which the professional employer organization 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. 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. Clearly define any business structure classified as "other." 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.
- 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.
- 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.

#### PROFESSIONAL EMPLOYER ORGANIZATION LICENSE APPLICATION (continued)

- 11. Provide the names of the officers or managers of the professional employer organization or the names of the individual(s) who otherwise have the authority to act as a senior executive officer of the professional employer organization. Attach additional pages of names and addresses if the space on the form is not adequate.
- 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 AUTHOR SECRETARY OF STATE	WO Number (For Office Use Only):			
SFN 51478 (02-2016)	Amount _			
Name	Telephone Number			
Address	City	S	State	ZIP Code
Card Type Visa MasterCard Discover	American Express		ess	Signature (required by credit card companies)
Account Number	CSC Number*	Card Expires	(MMYY)	Date