



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE**

Financial Affairs Section
PEO Licensing
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243
(615) 741-1670

**PROFESSIONAL EMPLOYER ORGANIZATION (PEO)
LICENSING PACKET**

APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

Tennessee Department of Commerce and Insurance
Financial Affairs Section
PEO Licensing Analyst
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243

For questions, call 615-741-1670



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

PEO/STAFF LEASING COMPANY AND GROUP APPLICATION

[PEO/Staff Leasing Companies are governed by §Title 62 Chapter 43 and Tenn. Comp. R. & Regs. 0780-5-8]

PEO/Staff Leasing Company: _____

Taxpayer or Employer Identification Number _____

Address of the Principal Place of Business: _____

*****If applicable, attach any additional addresses of offices maintained in this state.**

PEO/Staff Leasing Company Contact Person: _____ Telephone Number: _____

Contact E-mail: _____

Identify the type of license for which application is made and enclose a check for the appropriate fees specified in Rule 0780-5-8-.07 and set out below.

____ PEO/Staff Leasing Company Application Fee: \$250 / License Fee: \$2,000

____ PEO/Staff Leasing Group..... Application Fee: \$250 / License Fee: \$4,000

____ Limited/Restricted PEO/Staff Leasing Company Application Fee: \$100 / License Fee: \$500

____ Limited/Restricted PEO/Staff Leasing Group..... Application Fee: \$250 / License Fee: \$1,000

***If applicable, provide a separate list by state of each name under which the applicant has operated in the preceding five (5) years, including any alternative names, names of predecessors, and, if known, successor business entities.

What type of company is the PEO/Staff Leasing Company? Sole Proprietorship____ Partnership____ Corporation or LLC _____

How many Tennessee employees will be leased by the applicant? _____

Have the owner(s), chief executive officer, and/or president:

1. Been convicted of or entered a plea of nolo contendere to a crime relating to the operation of a PEO/ Staff Leasing Company? Yes ____ No ____

2. Been disciplined relating to the operation of a PEO/ Staff Leasing Company? Yes ____ No ____

3. Been convicted of or entered a plea of nolo contendere to an offense relating to bribery, dishonesty, or fraud? Yes ____ No ____

4. Been convicted of or entered a plea of nolo contendere to any felony? Yes ____ No ____

5. Been found liable for civil fraud? Yes ____ No ____

Note: If the answer to any of the above questions was yes, you must provide supplementary documentation explaining the circumstances. Include any court or regulatory agency documentation.

Is the PEO/ Staff Leasing Company a publicly traded entity? Yes ____ No ____

- If **YES**, provide the name, address, and principal occupation below of any person who owns **Twenty Percent (20%)** or more of the entity.
- If **NO**, provide the name, address, and principal occupation below of any person who owns **Ten Percent (10%)** or more of the entity.

1. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

2. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

3. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

4. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

5. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

6. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

7. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

8. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

9. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

10. Owner's Name: _____ Address _____
Principal Occupation _____ Percentage Owned ____

If the PEO/ Staff Leasing Company is a publicly traded entity, provide the name, address, and principal occupation of the chief executive officer or president.

Name: _____ Address _____

Principal Occupation _____

The following documentation must accompany this application:

- A financial statement in accordance with §Title 62-43-106 (**Applicants for Restricted PEO Authorization are Exempt**).
- “Certificate of Liability Insurance” form showing workers' compensation coverage (**All PEO Applicants**).

NOTE: This document **must** identify the “Certificate Holder” in the following manner:

TN Department of Commerce and Insurance
Staff Leasing
500 James Robertson Parkway
Nashville, TN 37243

- A notarized statement stating whether the applicant sponsors a self-insured health plan (**All PEO Applicants**).
- The Staff Leasing Guaranty Agreement. This form is online (**PEO Group Applicants Only**).
- A notarized statement affirming that the PEO/ Staff Leasing Company or Group does not maintain an office in this state, does not maintain a sales force or have a sales representative in this state, and does not directly solicit clients located or domiciled within this state (**Restricted PEO Applicants Only**).
- A notarized statement demonstrating that the applicant will lease no more than fifty (50) employees in this state without obtaining an unrestricted license in this state (**Restricted PEO Applicants Only**).
- A copy of a current license to engage in PEO/Staff Leasing issued by the applicant's state of domicile **or** a notarized statement by the applicant stating that no license is required by the applicant's state of domicile to engage in PEO/Staff Leasing; **or** a notarized statement by the applicant stating that it is not licensed in its state domicile or residence due to the fact that the applicant does not engage in staff leasing in that state (**Non-resident**).

The foregoing statements herein are true and correct. The attached financial statement, taken from the books is a true and accurate statement of the firm's condition as of the date thereof, and all information provided in this application is true. I have reviewed the application and have submitted all materials necessary at this time to enable the Commissioner of Commerce and Insurance to determine whether the requirements to obtain a license have been met. Further, the foregoing statements are submitted to the Commissioner for the express purpose of inducing the Commissioner to license the applicant in the State of Tennessee, and that any person, vendor, or other agency herein named is hereby authorized to supply such Board with any information necessary to verify these statements. It is fully understood that any false statement made on this application is grounds for the denial of a license and for revocation of such license if the falsehood is discovered after issuance. I acknowledge having reviewed this application and understand that the PEO/Staff Leasing Company or Group is expected to comply with §Title 62 Chapter 43 and Tenn. Comp. R. & Regs. 0780-5-8 and rules promulgated thereunder. I expressly affirm that the company and/or group will meet all the notification requirements contained in statute and rule.

[Each owner listed on page 2 of this application and the chief executive officer or president (if a publically traded entity) must execute this affidavit.]

_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)
_____	_____
(Signature)	(Title)

Sworn to me this ____ day of _____, 20____.

_____ My commission expires: _____
 (Notary public) SEAL