

Name

Taxpayer ID # or EIN

PROFESSIONAL EMPLOYER ORGANIZATION LICENSE APPLICATION

AUTHORITY: 2010 PA 370

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION

	-				
Address	City		State		ZIP Code
Telephone Number	E-mail				
	L-mail				
Required Documents:					
 Other names under which the PEO conducts business 	: (if PEO Gr	oun attach list of Group Membe	ere)		
 The address of each office maintained in Michigan; 	, (111 20 01		510)		
• A list by jurisdiction of each name under which the PE	O has opera	ated in the preceding 5 years, in	cluding any alternative	names, na	ames of predecessors,
and, if known, successor business entities;A statement of management that includes the name a	nd evidence	of the business experience of a	anv individual who serve	es as pres	ident or chief executive
officer or otherwise has the authority to act as senior executive officer of the PEO;					
 A financial statement describing the financial condition of the PEO or PEO group, prepared in accordance with generally accepted accounting principles and audited by an independent certified public accountant. A PEO group may submit combined or consolidated audited financial statements to meet the 					
requirements of this subsection (controlling entity must submit statement guaranteeing the obligation of all group members). A PEO that does not have					
sufficient operating history to have audited financials based on at least 12 months of operating history must meet the financial capacity requirements described in MCL 338.3735, Section 15 and present financial statements reviewed by a licensed certified public accountant;					
 A financial audit of the applicant. At the time of application for an initial license, the applicant shall submit its most recent audit, which may not be older 					
than 13 months;					
 Evidence of one of the following: A minimum of \$100,000.00 in working capital, as defined by generally accepted accounting principles; OR 					
If the PEO or PEO Group cannot document the required financial statement and audit information, a minimum \$100,000 in working capital, a bond,					
irrevocable letter of credit, or securities with a value	e of \$100,00	00 plus any deficit in capital is re	equired in accordance w	vith MCL 3	338.3735.
Certification					
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.					
denial of my application, disciplinary action, of may be put	iisiiable by i	aw.			
Signature			Date		
FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	FOR C	OFFICE L	JSE ONLY
September 1 through November 30			License Number:		
PEO \$3,	171.00	7201-01			
PEO Group \$3,	171.00	7203-01	Approved By:		Date Approved:
December 1 through February 28					
PEO \$2,	753.00	7201-01			
PEO Group \$2,	753.00	7203-01			
March 1 through April 30					
PEO \$2,	335.00	7201-01			
PEO Group \$2,	335.00	7203-01			
May 1 through August 31*					
PEO \$3,	171.00	7201-01			
PEO Group \$3,	171.00	7203-01			
*If payment received during this time frame, the expiratio will be August 31 of the following year.					
Make your check or money order in U.S. Currency p	ayable to:				
STATE OF MICHI	-				

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.