## Talent Agency License Application Guide

Division of Labor Standards Enforcement 09/29/2016

This guide is intended to be used as a reference or checklist while the applicant fills out the application. While this information will be relevant to the paper version of the Talent Agency License application, this guide is organized according to the layout of the online application form. The online version of the application consists of 4 tabs or pages. This guide provides a detailed explanation of the various sections of each page. Following the explanation will be an image of that screen with a corresponding label for each section referenced in the guide.

Note that this guide mentions forms which are required to obtain necessary documentation. The online guide has links to the necessary forms and, where applicable, sample forms. It is the applicant's responsibility to properly file the necessary forms and obtain the required documentation before completing the Talent Agency License application.

Please complete the Talent Agency License application online at: <u>https://permits.dir.ca.gov/TalentAgency/index.jsp</u> Most of the required forms can also be found on this webpage. List of Tabs/Screens:

Tab/Screen 1: Application Tab/Screen 2: Company Tab/Screen 3: Questionnaire Tab/Screen 4: Certification

This following list shows the forms that you might be asked to upload in order to complete your application. You will need to scan the document(s) to your computer and saved a copy of it so you can upload that file, if requested.

1) Workers Compensation Insurance documents.

2) Talent Agency Bond document.

3) Copies of your Fictitious Business Name Statements, if using DBA's.

4) Copy of your Articles of Organization, if company is an LLC.

5) Copy of your Articles of Incorporation if your company is a Corporation.

6) Copy of your Statement of Domestic Stock if your company is a Corporation.

7) Copy of your Premise Certification.

8) Copy of your Fees Schedule.

9) Copies of the contracts between the artist and your talent agency.

10) Business Tax Registration Certificate showing the residence address.

11) Statement of Information for Limited Liability

## Talent Agency Licensing Explanation

Section	Create a New Application	Explanation
1A	Name of legal entity	Input the legal entity name registered with the California Secretary of State's office for LLCs and corporations. If the applicant is a sole proprietor or a partnership, use the name that appears on the applicant's drivers' license. Make sure to spell the name correctly.
1B	Main office address	Enter the physical address of the main office.
1C	(Add button) Please enter branch locations and or any DBAs	Clicking on the "Add" button opens the pages needed to fill out if you have other branch offices or are doing business under a fictitious name or DBA click on the ADD button.
1D	Save and Close	If you have not finished completing this page and need to return to it later, click on Save and Close. If this page is left open and not used for more than 20 minutes, the page will automatically shut down and you will lose all your information.
1E	Save and Next	If you have completed filling out all the information on this page, click on Save and Next to continue to the following page.
1F	Office Location or DBA	Choose office location or DBA, to open appropriate page.
1G	Office Location	Enter branch office address and phone number.
1H	DBA	Upload copy of file fictitious business name statement

Talent Agency Licensing - Application
Please enter the information requested below
Company:
Name of legal entity 1A
Main office address * 15
City* State* Zip code* Business phone* Mobile phone
Same as main office
Preferred mailing address*
City* State* Zip code*
Business phone Mobile phone
Email address * (DLSE uses this to communicate with applicant)
Please enter branch locations (other than the main location) and or any DBA(s) by selecting the Add link below.
Function Type Address Phone DBA Name FBNS
(Click the "Add" link below to enter each of your branch office locations or DBA's)
Save And Close Save And Next 1E
Location or DBA Information - Fill in all fields helew
Location of biok mitormation - minimal netus below
Please choose a type *
Unice location UBA 1H
DBA name *
Click the link below to upload a copy of your Fictitious Business Name Statement' Upload copy of Fictitious Business Name File
Cancel Add
Loopting of DDA Information - Filling all fields for any
Location of DBA Information - Fill in all fields below
Please choose a type "
Office location DBA
Cancel Add

Section	Legal Entity page	Explanation
2A	Legal Entity	Select the appropriate business type. If the applicant is a corporation or LLC, more information will be required on the next screen.
2B	Business Tax Registration Certificate	This certificate is issued by the city where your business is located in. This is required if your business is located at a business residential location.
2C	Corporation or LLC ID Date Formed / Organized Corporation / LLC Name	If the applicant is incorporated or an LLC, provide the entity number or corporate ID, the date of incorporation or organization, and the name (with correct spelling) of legal entity registered with the California Secretary of State.
2D	Statement of Information	If the applicant is a corporation, upload a copy of the Statement of Information submitted to the California Secretary of State's office
2E	Articles of Incorporation/Organization	If the applicant is an LLC, upload a copy of the Articles of Incorporation/Organization submitted to the California Secretary of State's office.
2F	Is the Corporation or LLC in good-standing with California Secretary of State?	Make sure to select N/A if the applicant is not a corporation.
2G	Ownership/Corporate Officers/ Financial Interest	Provide all owners' personal information, references and Live Scan.
2H	Management	Provide managers' personal information, references and Live Scan.

Company - CorpLLC         Legal Entity:       Applicant's form of legal entity (check one)         24       Sole Proprietorship (individual)       Plathership       Limited Liability Company       Corporation         Is your business located at residential location ?*       Yes       No       If Yes you are required to upload a copy of your Business Tax Registration Certificate showing the residence address by clicking the link below:         Clickto uplos, Business Tax Registration Certificate       Yes       No         If Yes you are required to upload a copy of your Business Tax Registration Certificate showing the residence address by clicking the link below:       Clickto uplos, Business Tax Registration Certificate         Clickto uplos, Business Tax Registration Certificate       Yes       No         Upload copy of your Statement of Information Prequired if Corp)       Upload copy of Statement         Upload copy of your articles of Incorporation/Organiza, n *       2F       Upload copy of Articles         Is the Corporation or LLC In accestanding with California Secretary of State?       Yes       No       NA         If No       Corporate Officers / Financial Interest       2G       2G         Ownership / Corporate Officers / Financial Interest       2G       No       NA         If No       Corporate Officers / Financial Interest       2G       Yes       No       NA         Ma	Application	Company	Questionnaire	Certification	Fees	Defect	Notes	
Legal Entity:       Applicant's form of legal entity (check one)         Applicant's form of legal entity (check one)       Applicant's form of legal entity (check one)         Sole Proprietorship (individual)       Partnership       Limited Liability Company       Corporation         Is your business located at residential location ?       Yes       No         If Yes you are required to upload a copy of your Business Tax Registration Certificate showing the residence address by clicking the link below:       Corporation         Click to upload Business Tax Registration Certificate       20       The synthesis of the corporation       Implication         Upload copy of you       State of Incorporation       20       Upload copy of Statement of Information       Required if Corp)       Upload copy of Atrices         Is the Corporation or LLC in constanting with California Secretary of State?       Yes       No       NA         If No Explain       20       Vorgenchristic State of Incorporation or State?       Yes       No       NA         If No Explain       20       Yes       No       NA       NA       No         If No Explain       20       Yes       No       NA       No       NA         If No Explain       21       25       Yes       No       NA       No         Click the Add Individual Ink below to add	Company - Co	rp/LLC						
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Is your business located at residential location ? Yes No If Yes you are required to upload a copy of your Business Tax Registration Certificate showing the residence address by clicking the link below: Click to upload. Business Tax Registration Certificate ? 28 Commentation / LLC Name State of Incorporation ? Upload copy of your Statement of Information ? Reguired if Corp) Upload copy of Statement 20 Upload copy of your Statement of Information ? Reguired if Corp) Upload copy of Statement 20 Upload copy of your statement of Information ? Reguired if Corp) Upload copy of Articles 25 15 the Corporation or LLC in read-standing with California Secretary of State? Yes No NA 17 No Explain Conversibily / Corporate Officers / Financial Interest? 26 Enter the information of all owners, partners, corporate officers and LLC members of the Talent Agency business. If partnership, please enter full name, residential addresses, and social security numbers of all partners. - Click the Add Individual link below to add a person- Add Individuals Management 21 Enter full names, residential addresses, and social security numbers of all persons employed by the applicant who exercise management responsibility over any Talent Agency operated by applicant's forms of legal entry. - Click the Add Management link below to add managers who are not already listed as owners above Add Non-Qwner Management Add Non-Qwner Management	Sole Proprie	torship (individual)	0	Partnership	• Limited Liability	Company	Corporation	
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below :       Click to uploa. Business Tax Registration Certificate       28         Commission of LLC ID       Date Formed / Organication       Image: Click to upload copy of you Statement of Information Required if Corp)       Upload copy of you Statement of Information Required if Corp)       Upload copy of Statement         Upload copy of your Articles of Incorporation/Organiza.       n * 2       2F       Upload copy of Articles         Is the Corporation or LLC In resonantial interest       2G       Upload copy of Articles       Ves       No       NA         f No       Explain       Corporate Officers / Financial Interest       2G       Ves       No       NA         f No       Explain       Corporate Officers / Financial Interest       2G       Ves       No       NA         f No       Explain       Corporate Officers / Financial Interest       2G       Ves       No       NA         f No       Explain       Corporate Officers / Financial Interest       2G       Ves       No       NA         f No       Explain       Corporate Officers / Financial Interest       2G       Ves       No       NA         f No       Click the Add Individual link below to add a person -       Add Individual link below to add a person -       Add Individual Link below to add social security numbers of all persons employed by the applicant who exercise manage	If Yes you are re	quired to upload a	copy of your Busi	ness Tax Registra	ition Certificate sho	wing the residenc	e address by click	ing the link
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Communication / LLC 10 * Date Formed / Organization * State of Incorporation * Upload copy of you Statement of Information * Required if Corp)		outilities rux rug				-		
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Add Non-Owner Management	Add Mar Our	Management in K Der	on to add manager	are not difea	ay noted as owners a	INOTO.		
	Add Non-Owner	wanagement						

Ownership - Fill in all fields below	for owners, partners, o	corporate officers and f	inancial interest
First Name * N	liddle Name	Last Name *	Birth Date *
Title *	% owned	SSN or Tax ID *	Confirm SSN or Tax ID *
	%		
Disthetics and Caster \$	Di	river's License/ID # *	Please upload a copy of your driver's
			Upload Copy of D.L. or ID
Home Address * (PO Box not allowed	) Email addre	255 *	
City *	State * Zip co	ode * Sp	oouse name
	× _		
Home Phone * Cell	phone	Explain spouse parti	cipation in business
Mailing address	a aa hama addraaa		
Address *	e as nome address		
Address			
City * S	tate * Zip code	*	
	✓		
List occupations for the last 2 years (If currently employed with this employ	* er please use today's date	e as the end date)	
Employer *	Occupation *	S	tart date * End date *
Address *	City *	Sta	ate * Zip code *
			✓
Remove			
Click the button to add another emp	loyment row A	dd Row	

References - Fill out th	ne following information		
Reference must be a nor	n-relative that you have known for more than two	(2) years. *	
First name *	Middle name	Last name *	
Home address * (PO Bo)	( not allowed.)		
Cit*	State * 7in ande *		
City			
	UN		
Employer *			
Email address			
Home Phone *			
	Cancel	Add	

Add

Cancel

Section	Questionnaire page	Explanation
3A	Questionnaire	Please answer all of the yes or no questions
3B	Space for writing answer	Please provide an explanation if the applicant checked "yes" for ANY of the questions
3C	New applicants are required to upload sample copy of Non- Exclusive and Exclusive Contracts	The contract samples provided contain approved language and provisions required by California law.
3D	Schedule of Fees to be used	The sample schedule of fees contains the legally required language.
3E	You must attach your bond information	NEW APPLICANTS must attach scans of all the original signed bond documents. Renewal applicants need only provide proof of a current bond. The information must match what is listed on the application.
3F	Surety Company and Effective Date	The information must match what is in the attachment. Even though the application asks only for the effective date of the bond, the bond must be current. The attachment must contain proof that the bond is current.
3G	Worker Compensation Insurance certificate	Upload a scan of the applicant's workers' compensation certificate. The carrier's name and expiration date must match that listed on the workers' compensation certificate. It must be valid through the next license period.

Application	Company	Questionnaire	Certification	Fees	Defect	Notes	1
Questionnaire	<b>3</b> A						
1) Does any pers	son named in the Ov	wner, Management o	r Financial Interest	sections presently:	*		
A) Owe an emplo	oyee any unpaid wa	ges? ——					s 🔿 No
B) Have an unpa	id judgment outstar	nding?					s 🔿 No
. If "Voo"	to only of the obout	provido datailo balov	u indicating the kin	d of husiness and s	volcio the aircumst	anaoa halaw	
• II Tes	to any of the above,	, provide details below	w, indicating the kin	id of business and e	explain the circumsta	inces below.	
					~	为 3В	
2) Will the busine	ess of this talent age	ency be conducted in	connection with an	y other business?*		→ • Y	es 🔍 No
15 "V = ="	فسرات معامله مراسية		- Annual in Alex Press				
• IT res	indicate the kind of	business and circums	stances in the box i	below.			
						^	
						~	
3) Have any of th	ne Owners, Manage	rs and/or Financial In	terest persons liste	ed in this application	ever plead guilty, n	olo contendere	
or been convicte	d of a crime. either i	misdemeanor or felor	ıv? * ———	<b>}</b>		• Y	es 🔿 No
<ul> <li>If "Yes"</li> </ul>	please explain the o	circumstances in the l	box below.				
						<u>^</u>	
						0	
(1) Have any own	ers ever had any lic	ense or nermit issue	d by an agency of t	he state of Californi	a suspanded revok	ed, denied or had	
4) Have any own	icro ever nad any ne	ense of permit issue	a by an agency of t	ine state of Gamorni	a suspended, revok	ea, demod of fiad	
any disciplinary a	action of any nature	imposed on them in	connection with the	holding of any such	n license or permit?	• · · · · ·	es No
<ul> <li>If "Yes"</li> </ul>	indicate the type of	license/permit, date,	place and circumst	ances in the box be	low.		
						^	
						~	

5) Have you ever operated an Artist's Management Agency, Theatrical Employment Agency, Musician Booking Agency	•
Talent Agency firm? *	🔍 Yes 🔍 No
If "Yes" indicate the type of license, effective dates and the name of the business below	
e de la companya de l	
	0
6) Is this application for a new license?*	⊙ Yes ⊙ No
You are only required to upload any contracts, schedules or bonds below if they are new or have changed previous submission.	from a
7) Will the Talent Agency have sub-agents or any other employees?*	🔍 Yes 🔍 No
If "Yes" you will be required to fill out the Worker's Compensation Insurance section later in this application	h.
8) New applicants are required to upload a sample copy of the Non-Exclusive or Exclusive contracts between the artist	and the agency for approval.
You can download sample copies of those documents have Sample Copy of Non-Exclusive Contract Sample Copy of Excl	usive Contract 3C
All contracts must contain the provisions set forth in section 12001 of the California Code or Regulations.	
To upload a sample contract, scan a copy to your computer and click the link below to complete the file upload.	
Upload Copy of Non-Exclusive Contract     Upload Copy	y of Exclusive Contract
9) New applicants are required to upload a copy of the Schedule of Fees to be the state. The Schedule of Fees must, at a relanguage specified in the sample Schedule of Fees you can download he Sample Schedule of Fees are required by Cali section 12003.5.	ninimum, contain the fornia Code of Regulations
Note - No Talent Agency shall collect a registration fee from an artist. ( California Labor Code section 1700.40 a )	
To upload a copy of your Schedule of Fees, scan the document to your computer then click the blue link below to uploa	d the file.
Upload Copy of Schedule of Fees	
10) You must attach your bond information.	
You can download a sample copy of a bond form here Comple Copy of Tolent Agency Bond Form	
Surety Company * Effective Date	
11) If there are employees other than the owner(s), a copy of your WCI (Workers Compensation Insurance) certificate n	nust be attached. *
A) Please attach a copy of your WCI by clicking the link here	36
WCI Carrier * Expiration Date *	
Back Save And Close Save Save Save And Next	

Section	Certification	Explanation
4A	Premises Certification, Relevant Statutes,	Click on the links to download the required
	Enforcement Offices DLSE	documents.
4B	Box - I certify that all the content in this	Make sure to check this box.
	application is true and that this e-signature	
	is both legal and binding	
4C	Full name	Please be sure the name matches the name
		that appears on the applicant's driver's
		license.
4D	Title	Make sure this field is filled in.
4E	Submit and Pay	Click Submit and Pay
4F	Pay Fees	Click on EFT or Credit to pay license fees.
4G	Submit Confirmation	Confirmation Notice that the application has
		been successfully submitted

Premises Certification			
I hereby certify that the premises from whi Labor Code read as follows:	ch I shall conduct business as a Tal	lent Agency fully complies with section 1700.9(	a) of the California
No license shall be granted to condu artist.	uct the business of a talent agency:	(a) In a place that will endanger the health, saf	ety or welfare of the
I also certify that a copy of the my fee sch Labor Standards Enforcement (furnished l a permanent basis, at the address(es) tha	edule, a copy of relevant statutes (fu below) will all be downloaded from th t appears/appear on my application	unished below) and a list of enforcement office he link below, filled out and signed if necessary and license as required by Labor Code sectior	s of the Division of and are all posted, on s 1700.24 and 1700.28.
Use the links below to download copies of You are required to fill out and sign the Pri and license.	the documents mentioned above. Y emises Certification and post all of t	You can then print copies of the documents hese documents at the address(es) that appea	r on your application
1. Premises Certification		Premises Certification	
2. Relevant Statutes	-	Relevant Statutes	
3. Enforcement Offices of the DLSE	2	Enforcement Offices DLSE	
Click the link below to upload a complet	ed copy of your Premises Certific	cation*	
Upload copy of Premises Certification F	orm		
employer to secure the payment of comp payment of compensation for liability under I/We agree to operate as a talent agency by the Labor Commissioner of the State C Applicant understands and acknowledges submitted in connection herewith is groun The undersigned hereby certify under per the applicant is in complete compliance w ANY MATERIAL MISREPRESENTATION SIGNATURE : (The individual owner or partner with auth authorized corporate office or member ma	ensation for liability under the state's er state worker's compensation law l in compliance with the provisions of Of California. In that any misrepresentation, falsifica ds for denial of this application or su- nalty of perjury the statements made ith the local government's business IS IS GROUNDS FOR DENIAL, OR prization to speak for the company in ay sign.)	worker compensations law. Applicants hereby has been secured in a lawful manner. If the California Labor Code and with the Rules ation, or material omission on this application of ubsequent revocation of license. In and information provided on this application a licensing and regional regulatory requirements & SUBSEQUENT REVOCATION OF A LICENS must sign. If business is a corporation or limite at this e-signature is both legal and binding	y submit proof that the and Regulations issued r any document re true and correct and E. d liability company, an
Full name 4C	Title * 40	Time & date stamp	•
Back	Save And Close	Save Save And Next	
alent Agency Licensing - Submit Ap	plication		
y clicking on the submit and pay butto	n below, you have completed t	the application for a Talent Agency Lice	nsing. Once your
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ake the necessary changes and resub	mit your license application.	to so, circk the con outton on the Main I	mentu,

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