

Return Application To:
 DLSE Licensing
 1515 Clay Street, Suite 1902
 Oakland, CA 94612
 (510) 285-3397

State of California
 Department Of Industrial Relations
 DIVISION OF LABOR STANDARDS ENFORCEMENT



TALENT AGENCY LICENSE APPLICATION

Application is hereby made pursuant to Labor Code sections 1700, et seq., California Code of Regulations, Title 8, Subchapter 3, Sections 12000-12006 and the applicable Industrial Welfare Commission Order, for a license to carry on the business of a talent agency. **PLEASE CAREFULLY READ THE ACCOMPANYING EXPLANATION OF REQUIREMENTS PRIOR TO COMPLETING THIS APPLICATION. AN INCOMPLETE APPLICATION, INCLUDING INCOMPLETE SUBMISSION OF REQUIRED SUPPORTING DOCUMENTATION, WILL DELAY THE ISSUANCE OF YOUR LICENSE.**

1. Name of legal entity applying for a license:		2. This is an application for a: <input type="checkbox"/> New <input type="checkbox"/> Renewal	
3. DBA (Doing Business As):		4. If renewal, give previous license #:	
5. Main office address (number, street, city, state, zip code):		6. Business telephone:	
7. Branch office address (number, street, city, state, zip code):		8. Branch business telephone:	
9. Type of ownership (Please check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		10. Birth date (<i>See Instructions</i>):	
11. If individual, give full name and residence address of owner:		Home telephone:	
12. If partnership, corporation, or LLC, give full name and residence address of each partner, corporate officer, or LLC member (use additional sheet if necessary):		Home telephone:	
13. Date incorporated:	14. State in which incorporated:	15. If a foreign corporation, give date Articles of Incorporation were filed with the California Secretary of State:	
16. Name, residence address and percentage of interest of each partner or member of LLC having a financial interest in the business. If corporation, include only those having a financial interest of 10% or more. Omit if Individual ownership:			

DO NOT WRITE BELOW THIS LINE – PLEASE COMPLETE REVERSE SIDE

Application Number:	<input type="checkbox"/> B <input type="checkbox"/> F/C <input type="checkbox"/> P/R <input type="checkbox"/> P/C <input type="checkbox"/> A/C <input type="checkbox"/> F/S <input type="checkbox"/> CON <input type="checkbox"/> WCI	_____ Amount Received _____ Postmark Date _____ Effective Date	_____ Check Number _____ Date Mailed _____ Expiration Date
Approved State Labor Commissioner By: _____			

17. Name, residence address and position of each person with responsibility and authority to manage the business:

18. Name, residence address and percentage of profit sharing of each person with profit sharing interest in the business (exclude bona fide employees on stated salaries:

19. Will the business of this talent agency be conducted in connection with any other business? Yes No
If yes, indicate the kind of business and circumstances (use separate sheet if necessary):

20. Does the talent agency or any of the persons names in Items 11, 12 or 16 presently:

(a) Owe any unpaid wages? Yes No

(b) Have any unpaid outstanding judgments? Yes No

If yes to either, indicate the kind of business and explain the circumstances (use separate sheet if necessary):

21. Have any of the persons listed in items 11, 12 or 16 ever been convicted¹ of a crime, either misdemeanor or felony?
 Yes No

If yes, indicate the name of the person, the date, the place and explain the circumstances for each crime (use separate sheet if necessary). **Attach documentation to indicate disposition.**

22. Will the talent agency have sub-agents or any other employees? Yes No
If yes, complete Items 23, 24 and 25 below and **attach a copy of the Workers Compensation Certificate of Insurance**

23. Name of Workers' Compensation Insurance carrier:

24. Policy Number: _____ 25. Period covered: _____
From: _____ To: _____

CERTIFICATION

I am/We are aware of and agree to comply with the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for workers' compensation.

I/We, under penalty of perjury, confirm that I/We will comply with Section 1700.53 of the Labor Code not later than June 30, 2019, and understand that the Labor Commissioner may at any time conduct an inspection to ensure compliance with Sections 1700.50 and 1700.51.

I/We agree to operate as a talent agency in compliance with the provisions of the California Labor Code and with the Rules and Regulations issued by the Labor Commissioner of the State of California.

I/We hereby certify, under penalty of perjury, that the foregoing statements are true and correct and that I am/we are aware of the fact that **ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.**

Executed at ² _____ California, this _____ day of _____, 20 _____

Signatures: (Individual owner, each partner or each LLC member must sign; if corporation, any authorized corporate officer may sign. He/She must show his/her title and submit a copy of Articles of Incorporation and Statement by Domestic Stock Corporation)

Printed name and title

Signature

Printed name and title

Signature

¹ The term "convicted" includes instances in which suspension of sentence was had and probation granted, and where expungement proceedings under Penal Code section 1203.4 and the following were undertaken.

² If place of execution is outside California, the foregoing statements must be sworn to before a notary public or other officer authorized to take oaths and affirmations.