



EMPLOYMENT AGENCY MANAGER PERMIT APPLICATION

The individual who will actually direct and operate the placement activities of the employment agency must complete this application. Note: You do not need to submit this application if the individual has an employment agency manager's identification card issued by DCA.

1. I submit this application for an Employment Agency Manager Permit pursuant to Section 173 of the General Business Law and in connection with the application for an Employment Agency license by:

Legal Name of Employment Agency:	
Business Address:	
Employment Agency Manager Name:	
Home Address:	

2. State your experience as a placement employee, vocational counselor, or in related activities that indicate your competence to operate the placement activities of the proposed agency. Attach additional papers as necessary.

Practical Experience:				
Name of Employer	Address	Telephone	Start/End Dates	Position and Duties

Educational Experience:			
Name of School	Address	Start/End Dates	Type of Coursework / Degree / or Certification Obtained

3. Have you previously worked at, owned, operated, or had a financial interest in an employment agency issued violations, shut down, or padlocked by the New York City Department of Consumer Affairs or by the New York State Department of Labor?

Yes No

4. If you answered Yes to question 3, please state the name, address, and license number of the employment agency and describe your relationship to the business.

Legal Name of Employment Agency:	
Business Address:	
License Number:	
Relationship to Business:	

5. State below any other information which you feel would show your competence to operate the placement activities of the proposed agency:

AFFIRMATION – Please read, check box, and sign below.

I am authorized to complete and submit this application and all attachments (together, the "Application"). I have reviewed the entire Application. To the best of my knowledge, this Application is true, correct, and complete.

If any of the information in this Application changes, the applicant must inform the Department of Consumer Affairs of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license to operate.

I understand that the Department of Consumer Affairs has not yet considered this Application. The applicant will not operate the business until receipt of an actual license document from the Department of Consumer Affairs or until / unless the Department of Consumer Affairs has given written permission to operate while this Application is pending. This affirmation shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

I affirm that these statements are true and correct.

PENALTY FOR FALSE STATEMENTS: It is against the law to make a statement in this Application that you know is false. If you make a statement that you know is false, you may be punished.

Under Sections 210.45 and 175.30 of the New York Penal Law, you may be:

- fined up to \$1000 and / or
- sent to jail for up to one year

Under Section 175.35 of the New York Penal Law, you may be punished if you:

- make a statement that you know is false and / or
- make the statement because you intend to mislead the Department of Consumer Affairs

Under Section 175.35 of the New York Penal Law, you may be:

- fined up to \$5000 or
- fined an amount that is twice the amount of money you received by making the false statement and / or
- sent to jail for up to 4 years

The Department of Consumer Affairs may also punish you for making a false statement on this Application. These punishments may include:

- fines or penalties of up to \$500 for each false statement
- permanent loss (revocation) of your license

By checking the box above, I understand and agree that:

- I am swearing or affirming that I have told the truth on this Application.

Applicant's Signature

Applicant's Title (if any)

Print Full Name

Date