

Please - Do Not Staple

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**PROFESSIONAL EMPLOYER
GROUP OR PROFESSIONAL
EMPLOYER ORGANIZATION**

Fax: (608) 267-6813

Courier Address:
4822 Madison Yards Way
North Tower
Madison, WI 53705

Purpose: A completed application for registration as a professional employer group or a professional employer organization should be submitted to the Department of Financial Institutions (“department”) for consideration of registration. Upon the filing of such application the department shall investigate the relevant facts to determine if the applicant satisfies all of the eligibility requirements for registration. If the department finds that the applicant meets all of the requirements, the department shall register the applicant as a professional employer group or a professional employer organization.

Print or type the information requested in the spaces provided.

APPLICANT INFORMATION

- Identify type of registration being requested. Professional Employer Group Professional Employer Organization
- Is the applicant approved by Employer Services Assurance Corporation (“ESAC”)? Yes No
If **YES**, DO **NOT** complete this application. Complete an Assurance Organization Certification Form instead (Form #2854).

3.

<p>Name of applicant: The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is registering with the department. If the applicant uses any trade names or DBA (doing business as) names, include those names as well.</p>

4. Provide the following information for the applicant’s headquarters office:

Street Address:		
City:	State:	Zip:
Telephone Number::	Fax Number:	E-mail:

5. Provide the following information for each of applicant’s Wisconsin offices. Attach additional pages if necessary.

Street Address:		Telephone Number:
City:	State:	Zip:

Street Address:		Telephone Number:
City:	State:	Zip:

Street Address:		Telephone Number:
City:	State:	Zip:

6. Provide the contact information for the person to whom questions regarding this application should be addressed:

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

7. Provide the applicant's website address, if any:

8. Indicate the type of organization with an "X."

- | | |
|---------------------------|------------------------|
| Corporation | Partnership |
| Limited Liability Company | Sole Proprietorship |
| Limited Partnership | Other (Please Specify) |

9. Provide the date and state of Incorporation/Organization if the applicant is a corporation or LLC.

Date: <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>	State: <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>
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10. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

Note: Pursuant to Sections 202.021(4)(a)5.-7, Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

11. Complete the following chart with personnel information that is relevant to the applicant. Attach additional pages if necessary. You can determine what personnel information you need to provide by reading the following:

- Corporation:** Identify all officers and directors
- Limited Liability Company (LLC):** Identify all members
- Partnership or Limited Partnership:** Identify all partners
- Sole Proprietorship:** Identify sole proprietor

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

12. Has any owner, partner, shareholder, or corporate officer of the organization, (1) ever been convicted, Yes No
of a felony at any time, (2) been convicted of a misdemeanor within the last 10 years.

If **YES**, complete and attach Form #2252.

13. Are there any misdemeanor or felony charges pending against any owner, partner, shareholder, Yes No

controlling person, or corporate officer?

If **YES**, complete and attach Form #2252.

14. Has any owner, partner, shareholder or controlling person or corporate officer of the organization ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin or any other state? Yes No

If **YES**, provide details, including the name of the profession and the firm.

15. Has any licensing or other credentialing authority ever taken any disciplinary action against the organization, or any of its officers, including but not limited to, warnings, reprimands, suspensions, probation, limitations, or revocations? Yes No

If **YES**, provide details about the action, including the name of the credentialing agency and date of action. Also attach a copy of the regulatory order.

16. Is disciplinary action pending against the organization or any of its officers in any state? Yes No

If **YES**, provide details about the pending action, including the name of the firm and status of the action.

17. Have any suits or claims ever been filed against the organization as a result of professional services? Yes No

If **YES**, submit a copy of the claim or suit and a copy of the final settlement or disposition.

18. Does the applicant currently hold, or has the applicant held, any credential (license) issued by the State of Wisconsin? Yes No

If yes, identify the type of credential and indicate if the credential was held in another name.

ATTACHMENTS

Submit the following items with your application.

- A) **\$75 Registration Fee** – Make checks payable to The Department of Financial Institutions.
- B) **List of States where Applicant Operated in the Previous 5 Years** – The list must include the following:
- Names of all states in which applicant has operated
 - The name the applicant used to conduct business in each state
 - Dates of operation in each state
 - Trade name(s)/DBA(s), if any, used by the applicant in each state
 - Address of applicant in each state
 - Name of any predecessor business entities of the applicant in each state
 - Name of any successor business entities of the applicant in each state (if known)
- C) **Statement of Ownership** – The statement must identify each owner who has a controlling interest in the applicant and must provide the following bulleted information for each owner. “Controlling Interest” is defined as meaning a person who, individually or acting in concert with one or more other persons, owns or controls, directly or indirectly, 25% or more of the ownership interest of an applicant or registrant.
- Owner’s name
 - Business name of each of the owner’s employers during the preceding 10 years.
 - Business address of each employer
 - Owner’s occupation at each of his/her employers
 - Offices held, if any, at each employer
 - Dates of employment at each employer
 - Responsibilities at each employer
- D) **Statement of Management** – The statement must identify each manager who has a controlling interest in the applicant and must provide the following bulleted information for each manager. “Controlling Interest” is defined as meaning a person who serves as president or chief executive officer of an applicant or registrant or who otherwise has the authority to act as the senior executive officer of an applicant or registrant.
- Manager’s name
 - Business name of each of the manager’s employers during the preceding 10 years.
 - Business address of each employer
 - Manager’s occupation at each of his/her employers
 - Offices held, if any, at each employer
 - Dates of employment at each employer
 - Responsibilities at each employer
- E) **Financial Statements** – Submit financial statements for the applicant that are dated not more than 13 months prior to the date of this application. The financial statements must be prepared according to generally accepted accounting principles and audited by an independent certified public accountant.
- If the applicant does not have sufficient operating history to have an audited financial statement that is based on 12 months of operating history, it may submit financial statements that have been reviewed by an independent certified public accountant instead.
- F) **Working Capital Documentation** – If the applicant’s balance sheet does not disclose working capital, as defined by generally accepted accounting principles, of at least \$100,000, the applicant must submit a surety bond. The bond must:
- be a minimum of \$100,000. However, if the applicant’s financial statement discloses negative working capital, the bond must be increased in an amount that is sufficient to cover the amount of the deficit. For example, if the applicant has working capital of -\$110,000, a \$110,000 bond would need to be submitted to the department.
 - be prepared on Form #2843. Any bond that is not completed on this form will be rejected.
 - identify the exact name of the applicant and all trade names used by the applicant.
 - be the original bond. The original power-of-attorney form must be submitted with the bond.
- G) **Form 2252** – Submit this form if you answered “YES” to questions 12 and/or 13 regarding felonies and misdemeanors.

CERTIFICATION

I, the undersigned, hereby certify that the answers set forth in this application and its attachments are true and correct and understand that if we are issued registration, failure to comply with the registration law or rules and regulations of the Wisconsin Department of Financial Institutions may be cause for disciplinary action against the organization.

Print Name of Owner/Officer/Member/Partner:	Title:
Signature of Owner/Officer/Member/Partner:	Date:

RETURN APPLICATION MATERIALS TO:

Department of Financial Institutions
Division of Corporate and Consumer Services

Mailing Address:
PO Box 7879
Madison, Wisconsin 53707-7879

Street Address:
4822 Madison Yards Way, North Tower
Madison, Wisconsin 53705

This form is required under Section 202.22, Wisconsin Statutes. Refusal to provide this information may result in the denial of registration. Personally, identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.