

STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
PROFESSIONAL EMPLOYER ORGANIZATIONS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.
www.consumer.sc.gov
(803) 734-4200

Street Address
293 Greystone Blvd., Suite 400
Columbia, SC 29210

**PROFESSIONAL EMPLOYER ORGANIZATION
CONTROLLING PERSON APPLICATION**

(The Controlling Person must complete all parts of this Application)
A separate form and \$100 application fee is required for each Controlling Person.

South Carolina law defines a “Controlling Person” as:

- (1) an officer or director of a corporation seeking to offer professional employer services, a shareholder holding ten percent or more of the voting stock of a corporation seeking to offer professional employer services, or a partner of a partnership seeking to offer professional employer services;
- (2) an individual who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of a company seeking to offer professional employer services through the ownership of voting securities, by contract or otherwise, and who is actively involved in the day-to-day management of the company; or
- (3) an individual employed, appointed, or authorized by a business seeking to offer professional employer services to enter into a contractual relationship with a client company on behalf of the business.

To be qualified to serve as a controlling person of a PEO licensee, a person must be at least eighteen (18) years of age, be of good moral character, and have educational, managerial, or business experience relevant to operation of a business entity offering PEO services, and at least two years of other related industry experience as approved by the department before the initial license is issued. The term “good moral character” means a personal history of honesty, trustworthiness, fairness, a good reputation for fair dealing, and respect for the rights of others and for the laws of this State and nation.

As required by South Carolina law, a background investigation must be conducted on each Applicant for a Controlling Person License to determine whether the Applicant meets the requirements of the law. The investigation includes the submission of fingerprints for processing through appropriate local, state, and federal law enforcement agencies; and if necessary, examination by the Department, of police or other law enforcement records maintained by local, state, or federal law enforcement agencies. The investigation also includes an examination of the Applicant’s credit history.

The Department may deny an application for the issuance or renewal of a license if it finds that a controlling person is not qualified under this chapter. Conviction of a crime does not automatically disqualify a controlling person, require the revocation of a license, or require the denial of an application for a new or renewed license.

PEO or PEO Group	
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**If your organization is a group, attach a list of all companies in the group (up to 5 companies) and the information below for each*

Mailing Address (PEO)		Phone No.	
City	State	Zip	
PEO Website			

Controlling Person Full Name		Date	
Mailing Address		Phone No.	
City	State	Zip	
Street Address (if different)			
E-Mail Address			
Date of Birth			
Social Security Number*			

Have you ever been known by any other name? Yes No

If yes, provide full name(s). _____

Are you a citizen of the United States? Yes No

Are you a citizen of another country? Yes No

If yes, what country? _____

Government ID # if not a U.S. citizen: _____

Applicant's present or proposed position with the PEO is:

- Owner Ownership % _____
- Officer Director Manager
- Other: _____

Compliance Note: The Family Independence Act of 1995 required the South Carolina Department of Social Services – Child Enforcement Division (Division) to operate a license revocation program for the purpose of enforcing and establishing child support. In accordance with this Act, South Carolina law (§§ 63-17-1010, *et seq.*) requires that all licensing entities submit to the Division licensee data for all new and renewal licenses issued. Therefore, identifying information (i.e., name, social security number and date of birth, etc.) for all controlling persons licensed with this application will be forwarded to the Division upon the issuance of each controlling person’s license. Personal information will not be used for any other purpose and is not subject to disclosure under the South Carolina Freedom of Information Act. South Carolina Code § 30-4-10 *et seq.

EDUCATION AND TRAINING

1. Please complete the schedule below pertaining to the schools you have attended starting with collegiate level. Include all schooling, even if you did not graduate.

Name/Address of School	Dates Attended (MM/YY)	Degree/Type of Diploma	Did you Graduate? (Yes or No)	Your name if different

2. Provide details of any other training or education not listed above:

Name/Address of the Institution/Organization	Dates Attended (MM/YY)	Degree/Certification Obtained

EMPLOYMENT INFORMATION

Please complete the schedule below regarding relevant employment/ positions held for at least the past three (3) years including present employment or position (whether or not compensated). Please list the most recent first. Attach additional information if necessary.

Employer Name		Phone No.	
Employer Address			
City	State	Zip	
Employment Start (mm/dd)		Employment End (mm/dd)	
Position Title			
Supervisor/Contact		Phone No.	
Brief Description of Job Responsibilities			

Employer Name		Phone No.	
Employer Address			
City	State	Zip	
Employment Start (mm/dd)		Employment End (mm/dd)	
Position Title			
Supervisor/Contact		Phone No.	
Brief Description of Job Responsibilities			

APPLICANT BUSINESS HISTORY

If any question is answered “Yes”, please attach separate page(s) detailing the circumstances (including any applicable details such as state, license number, dates, etc.)

1. Have you ever been convicted or found guilty of any misdemeanors or felony (with the exception of minor traffic violations) in any jurisdiction or territory in the United States?
 Yes No

2. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest ever been refused a license, registration, or certification as a PEO, PEO group, or controlling person, or renewal thereof, in any jurisdiction or territory in the United States?
 Yes No

3. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest ever had any type of license revoked, suspended, or otherwise acted against (including probation, fine, or reprimand) in a disciplinary action in any jurisdiction or territory in the United States?
 Yes No

4. Have you ever been involved in or owned an interest in a PEO or PEO group that has been adjudicated bankrupt, filed proceedings under the Bankruptcy Act, or has otherwise closed due to insolvency?
 Yes No

5. Are any of the licenses, registrations, or certifications of any PEO/PEO group with which you have been involved or owned an interest currently under investigation or currently pending disciplinary action in any jurisdiction or territory in the United States?
 Yes No

6. Have you ever been involved in or owned an interest in a PEO or PEO group that has ever failed to satisfy any tax liabilities?
 Yes No

7. Have you ever been involved in or owned an interest in a PEO or PEO group that has had a lien or levy placed against it?
 Yes No

8. Have you ever been involved in or owned an interest in a PEO or PEO group that has been the subject of an indictment or a “cease and desist” order in any jurisdiction or territory in the United States?
 Yes No

9. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest ever been the subject of any state or federal government investigation or audit regarding the payment of wages or taxes; the funding or administration of any employee benefit plan or workers’ compensation program; employment practices; licensing or registration; or any other matter arising out of a complaint filed by an employee, client, insurer, regulator or another PEO?
 Yes No

10. Have you ever been the subject of a governmental investigation?
 Yes No

11. Are you or any PEO or PEO Group with which you have been involved or in which you owned an interest currently disputing any material obligations to an insurance carrier, benefit administrator or trust, or taxing authority?
 Yes No

12. Is there any litigation or legal proceeding currently pending or threatened in any jurisdiction or territory in the United States against any PEO or PEO Group with which you have been involved or in which you owned an interest?

Yes No

13. Are you or any PEO or PEO Group with which you have been involved or in which you owned an interest delinquent, as of the date of application, with respect to any of its obligations of payroll, payroll related taxes, workers' compensation insurance or employee benefits in any jurisdiction or territory in the United States?

Yes No

14. Have you or any PEO or PEO Group with which you have been involved or in which you owned an interest voluntarily surrendered its license, registration or certification to avoid further investigation in any jurisdiction or territory in the United States?

Yes No

CONTINUING EDUCATION

Key management personnel of all licensees must complete at least eight (8) hours of continuing professional education annually (*See* § 40-68-45). If the licensee is a sole proprietorship or partnership, key personnel means any controlling person. If the licensee is a corporation, key personnel means any person who both directs or causes the direction of the management of a company operating in South Carolina and is directly responsible for the day-to-day management of the company's operations in South Carolina.

Using these criteria, will you be required to meet the continuing professional education requirement?

Yes No

CRIMINAL BACKGROUND CHECK

1. Follow the instructions in form *Fingerprinting Instructions* (**Form PEO-06**) to complete the criminal background check requirement (*See* § 40-68-45).

CREDIT REPORT

1. Obtain and submit a credit report covering the last seven (7) years along with this application.

AFFIDAVIT OF APPLICANT

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested license. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

RELEASE: By the authorized signature below, the applicant specifically authorizes the release of any information by the South Carolina Employment Security Commission, the South Carolina Department of Revenue, and the Internal Revenue Service to the S.C. Department of Consumer Affairs regarding any payroll tax matters referenced herein, and holds those entities harmless from any consequences of such release. A photocopy of this authorization shall be as valid as the original.

Signature

Date

Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

The completed Application should be submitted to:

South Carolina Department of Consumer Affairs
Attn: PEO Licensing

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

Street Address
293 Greystone Blvd., Suite 400
Columbia, SC 29210

Do not fax this form. An original, signed and notarized form is required.

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.