

**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](http://www.consumer.sc.gov)  
(803) 734-4200

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

**2023-2025 PROFESSIONAL EMPLOYER ORGANIZATION  
RENEWAL LICENSE APPLICATION**

**RENEWAL APPLICATIONS MUST BE RECEIVED BY THE DEPARTMENT ON OR BEFORE SEPTEMBER 30, 2023**

The Renewal License fee for both resident and non-resident Professional Employer Organizations (PEO) is: One Thousand Five Hundred Dollars (\$1,500.00) for each PEO and Three Thousand Dollars (\$3,000.00) for each PEO Group. Please make all checks payable to the **South Carolina Department of Consumer Affairs**.

Pursuant to the provisions of South Carolina Code § 40-68-10 et. seq. (2011) as amended, the undersigned hereby makes the following statements for the purpose of obtaining a Renewal License for the Licensing Period of 2023-2025 to conduct business as a PEO in the State of South Carolina.

- Please indicate the type of license renewal:
- (A)  PEO License
- (B)  PEO Group License

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Name of PEO  
or PEO Group: \_\_\_\_\_

*\*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*

SC License #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ State ID #(withholding): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Web site: \_\_\_\_\_

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Registered Agent: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name of Primary Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Secondary Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CONTROLLING PERSONS, OFFICERS AND DIRECTORS**

Please list below any **NEW** controlling persons to be licensed with this renewal (*attach additional sheet if necessary*). Any new controlling person(s) must each submit a **Controlling Person Application (Form PEO-03)**.

**NEW Controlling Persons Based on Ownership:**

Full Name	Date of Birth (mm/dd/yyyy)*	% Ownership	SSN*/FEIN

**NEW Officers, Directors and Controlling Persons Based on Position:**

Full Name	Date of Birth (mm/dd/yyyy)*	Title/Position	SSN*

**\*Compliance Note: The Family Independence Act of 1995 requires 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 licensee data for all new and renewal licenses to the Division. Therefore, identifying information (i.e., name, social security number, date of birth, etc.) for all controlling persons licensed with this application will be forwarded to the Division. 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.**

## Continuing Education

1. Submit form **PEO-05** along with this application for any controlling persons listed as key management personnel.

Key management personnel of all regular licensees must complete at least eight (8) hours of continuing professional education annually (*See* § 40-68-45).

Please list below the information regarding all key management personnel in your company that will be required to meet the continuing professional education requirement, even if there has been no changes since your last application. Use additional copies of this page if necessary.

Employee Name		Employee Name	
Position/Title		Position/Title	
Telephone		Telephone	
E-Mail		E-Mail	

Employee Name		Employee Name	
Position/Title		Position/Title	
Telephone		Telephone	
E-Mail		E-Mail	

Employee Name		Employee Name	
Position/Title		Position/Title	
Telephone		Telephone	
E-Mail		E-Mail	

## **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. Since the approval of your last license, have any of the Applicant’s existing or proposed controlling persons been convicted or found guilty of any misdemeanors or felonies (with the exception of minor traffic violations) in any jurisdiction or territory in the United States?  
 Yes       No
  
2. Since the approval of your last license, has either the Applicant or any of its existing or proposed controlling persons 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. Since the approval of your last license, has either the Applicant or any of its existing or proposed controlling persons had a license revoked, suspended, been the subject of a “cease and desist” order, or had a license otherwise acted against (including probation, fine, or reprimand) in a disciplinary action in any jurisdiction or territory in the United States?  
 Yes       No
  
4. Since the approval of your last license, has either the Applicant or any of its existing or proposed controlling persons 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. Since the approval of your last license, has the Applicant or any of its existing or proposed controlling persons had a lien or levy placed against it/them, or failed to satisfy any tax liabilities?  
 Yes       No
  
6. Since the approval of your last license, has the Applicant or any of its existing or proposed controlling persons 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/registration; or any other matter arising out of a complaint filed by an employee, client, insurer, regulator or another PEO?  
 Yes       No
  
7. Is the Applicant or any of its existing or proposed controlling persons currently disputing any material obligations to an insurance carrier, benefit administrator or trust, or taxing authority?  
 Yes       No
  
8. Is there any litigation or legal proceeding currently pending against the Applicant or any of its existing or proposed controlling persons in any jurisdiction or territory in the United States?  
 Yes       No
  
9. Is the Applicant 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

10. Has the structure of your business changed since the last application cycle? If yes, please attach an organizational chart highlighting the changes.

Yes       No

**SOUTH CAROLINA OPERATIONS**

1. Provide a list of all offices, including branch offices, located in South Carolina:

Check if the Applicant has no South Carolina offices.

Address	Contact Person	Telephone #	E-mail address

**SOUTH CAROLINA CLIENT COMPANIES**

1. Provide a list of all client companies in South Carolina. (*Client Company List Form PEO-07*)

For client companies with the same FEIN but multiple locations, list the headquarters location. This information must be provided using either **Form PEO-07** or in a report that you generate provided, however, that all information requested in the table below is included in the report.

Client Company			
FEIN			
No. of Assigned Employees			
Date Relationship Initiated			
Mailing Address (Client)		Phone No.	
City	State	Zip	
Workers' Comp Carrier		Policy Number	
WC Classification Code			
Health Insurance Carrier		Policy Number	

## TAX COMPLIANCE

South Carolina law requires PEO licensees to assume responsibility for the payment of payroll taxes and collection of taxes from payroll on assigned employees. Licensees must demonstrate compliance with both federal and South Carolina law.

### **Federal Taxes**

1. Request an account transcript using IRS Form 4506-T. Visit <https://www.irs.gov/> to obtain request form 4506-T. Forward the original letter received from the IRS to the Department along with this application.

### **State Taxes**

2. Request a Certificate of Tax Compliance from the South Carolina Department of Revenue (SC DOR) for payroll periods ending no earlier than sixty (60) days prior to the date this application is filed (*SCDOR form C-268*). Include the Department as the third party recipient in Section 3 of the request form. Visit <https://dor.sc.gov/> to obtain request form C-268.

## INSURANCE

1. Provide a completed *Insurance Schedule (Form PEO-11)* showing all current policy information.

### **Insurance Benefits**

Are the following insurance benefits provided to any leased employees in the State of South Carolina?

Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are the premiums on all policies you listed on **Form PEO-11** due as of the date of this Application paid in full?

Yes       No

If the answer to the previous question is NO, are the unpaid amounts in dispute with your insurance carrier?

Yes       No

If any amounts are in dispute, please list the name of the carrier(s), the policy number(s), the period(s) covered, and the amount(s) in dispute.

**NOTICE**

**MULTIPLE COORDINATED POLICIES.** The South Carolina Department of Insurance has adopted a ruling by NCCI that requires PEOs in the assigned risk market in South Carolina to operate under Multiple Coordinated Policies (MCP) for workers' compensation insurance coverage. These policies require a PEO to apply for a policy in its own name for direct employees and to apply for coverage for each of its clients to cover employees leased to those clients. Policies are applied for in the client company name as the insured. The policies are then "coordinated" and the leasing company is billed for premiums with copies sent to client companies. If you are currently operating under a non-MCP, please contact your insurance carrier regarding this ruling.

PEOs that provide workers' compensation insurance to client companies, before executing a service contract and on an annual basis, must conduct a good faith investigation to determine if the client company engages any non-assigned employees, including those considered employees under Title 42, in any part of the client company's trade, business, or occupation. The law also requires that upon a determination that a client company does include non-assigned employees, the service contract must require the client company to secure and maintain workers' compensation insurance (*See* § 40-68-70 (B)).

Have you conducted such an investigation regarding each of your client companies within the past year?

Yes       No

South Carolina Code § 40-68-70 (D) requires a PEO to report the information derived from these investigations to its workers' compensation carrier. Have you made such reports in the past year?

Yes       No

**NET WORTH COMPLIANCE**

All applicants must demonstrate a net worth of at least \$50,000.00 (*See* § 40-68-40 (E)).

**Audited Financial Statements**

1. Submit a copy of the most recent annual Audited Financials. Only **audited** financial statements will be accepted.

Financial statements must include: statement of income and retained earnings, balance sheet, statement of changes in financial position (cash flow), and applicable footnotes. The financial statements also must reflect positive working capital and positive tangible net worth.

Date of Financial Statement: \_\_\_\_\_

**ADDITIONAL ITEMS REQUIRED**

1. **Clients Services Agreement**

Submit a copy of the client services agreement (*See* § 40-68-60 and § 40-68-70).

2. **Employee Letter**

Submit a copy of the Employee Letter (*See* § 40-68-60 and § 40-68-70).

3. **Worksite Notice**

Submit a copy of the Worksite Notice (*See* § 40-68-60).

4. **Health Insurance Affidavit (PEO-08)** (fully executed)

*If the licensee does not offer health insurance, attach a statement to that effect and submit with this application.*

5. **Workers' Comp Affidavit of Insurance (PEO-09)** (fully executed)

**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.**