

# Farm Labor Contractor License Application



## Instructions

1. Complete the Notarization section AND either the Declaration of Trust OR Bond OR submit a cashier's check for \$5,000.00.
2. Send the completed application and a check or money order for \$250.00 to:

Labor Standards  
550 S. 16th St  
Lincoln, NE 68508  
402-471-2239

## Business Information

1. Application is:  New  Renewal NE #: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

2. Does this business perform any detasseling or rogueing?  Yes  No

3. Select type of ownership under which your business is operated:

Individual  Partnership  Limited Liability Company  Cooperative Association  Corporation

4. Person Completing application:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. List all individuals having financial interest in the business (attach additional sheet, if necessary):

Name: \_\_\_\_\_ Percent: \_\_\_\_\_ Full Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percent: \_\_\_\_\_ Full Address: \_\_\_\_\_

6. Does any person listed in question 4 have any unsatisfied judgments issued by a court or governmental agency which relate to farm labor contracting?

Yes  No If yes, give person's name, date of judgment, name of court or governmental agency and reason for judgment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Court/Gov. Agency: \_\_\_\_\_

Reason: \_\_\_\_\_

7. Has any person listed in question 4 had a Farm Labor Contractor License or Certificate suspended, denied, or revoked by any state or by the U.S. Department of Labor?

Yes  No

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Reason: \_\_\_\_\_

8. Has any person listed in question 4 been convicted of any felony under state or federal law?  Yes  No

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Type of Conviction: \_\_\_\_\_

9. Is any person listed in question 4 licensed or registered in any other state or by U.S.D.O.L?  Yes  No

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

10. List all permanent and temporary addresses inside and outside Nebraska that you use or will be using (attach additional sheet, if necessary):

Address:	Perm.	Temp.	In NE	Outside NE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. List each vehicle that will be used for farm labor contracting activities (attach additional sheet, if necessary):

Vehicle #1

Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_

License # & State: \_\_\_\_\_ VIN #: \_\_\_\_\_

Vehicle #2

Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_

License # & State: \_\_\_\_\_ VIN #: \_\_\_\_\_

### Notarization

State of: \_\_\_\_\_ )  
 \_\_\_\_\_ ) s.s.  
 County of: \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, deposes and says no person other than those mentioned in the foregoing application are financially interested in the business to be carried on under the Farm Labor Contractor Certificate of Exemption when issued. Applicant further affirms that he or she is fully aware of all applicable provisions of the Nebraska Farm Labor Contractors Act, Sections 48-1701 through 48-1714, and that the applicant has knowledge of the penalties that may be imposed for violations of these laws, and all statements made in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

On this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, whose identity was proved on the basis of satisfactory evidence to be the person whose name is subscribed on the foregoing document, and acknowledged that [he/she] executed it. Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

## Declaration of Trust

---

\_\_\_\_\_, as Grantor and a licensed farm labor contractor under the laws of the State of Nebraska, hereby creates this Trust pursuant to Section 48-1705, R.R.S. Neb. as proof of financial responsibility. The undersigned Grantor hereby designates the Nebraska Commissioner of Labor as Trustee to hold in Trust a certificate of deposit issued by \_\_\_\_\_ in the name of the Nebraska Commissioner of Labor as Trustee, which certificate of deposit is evidenced by Account No. # \_\_\_\_\_.

The terms of this Trust and obligations are such that if \_\_\_\_\_ as a licensed farm labor contractor under the laws of the State of Nebraska performs the following:

- a. Pays in full all sums due on wage claims for employees; and
- b. Pays all sums due to the grower or producer of agricultural commodities for advances made to or on behalf of the above described farm labor contractor; and
- c. Complies with all the terms, conditions, provisions or requirements of Sections 48-1701 through 48-1714 inclusive of the Revised Statutes of Nebraska, and the Rules and Regulations adopted pursuant to the Nebraska Farm Labor Contractors Act, Title 227, Chapter 1 through 20.

Then this Trust shall be terminated as of \_\_\_\_\_, \_\_\_\_\_, and the certificate of deposit held in Trust herein by the Nebraska Department of Labor as Trustee shall be returned to the farm labor contractor, otherwise said Trust shall remain in full force and effect.

It is the intention of the Grantor herein that the term of this Trust shall be from its date of inception through \_\_\_\_\_, \_\_\_\_\_, during which term this Trust this trust cannot be canceled or otherwise terminated by the Grantor. Provided the Commissioner of Labor has received no claims against this Trust within six (6) months from the \_\_\_\_\_, \_\_\_\_\_, the Commissioner will consent to termination of the Trust and surrender the certificate of deposit attached hereto to the said \_\_\_\_\_ at the end of said six (6) month period.

IN WITNESS WHEREOF, the undersigned Grantor of this Trust has caused this Trust document to be executed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
GRANTOR

The above foregoing Trust was executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, Grantor, before the undersigned witnesses and declared by said Grantor to be his or her voluntary act and deed and declaration of Trust for the purposes set forth therein.

IN WITNESS WHEREOF, the undersigned witnesses have subscribed their names as attesting witnesses to the Trust document the day and year first above written.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ of the County of \_\_\_\_\_, State of Nebraska, as Principal, and \_\_\_\_\_ as Surety, authorized to do business in the State of Nebraska, are held and firmly bound unto the Commissioner of Labor, State of Nebraska, in the sum of Five Thousand and No/100 Dollars (\$5,000.00), lawful money of the United States, for which payment well and truly to be made, we bind ourselves and our heirs, executors, administrators or successors, and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal herein above designated has received or is about to receive a license as a Farm Labor Contractor under the provisions of the Farm Labor Contractors Act;

NOW THEREFORE, the condition of this obligation is such that if the Principal hereinabove designated:

- a. pays in full all sums due on wage claims of employees; and
- b. pays all sums due to the grower or producer of agricultural commodities for advances made to or on behalf of the Principal, and
- c. complies with all the terms, conditions, provisions or requirements of Sections 48-1701 through 48-1714, Compiled Statutes of Nebraska, inclusive,

then this obligation shall be void and of no effect, otherwise it shall be and remain in full force and effect.

The term of this bond shall be from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ through September 30, \_\_\_\_\_, during which the term of this bond cannot be canceled or otherwise terminated.

If the Commissioner has received no claims against this bond within six (6) months from expiration of the Farm Labor Contractor license, the Commissioner will terminate and surrender this bond to the person who is entitled thereto at the end of the six (6) month period.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
By

\_\_\_\_\_  
Nebraska Resident Agent

\_\_\_\_\_  
(Surety and Seal)

\_\_\_\_\_  
Mailing Address

By: \_\_\_\_\_  
Attorney-in-Fact