Farm Labor Contractor Certificate of Exemption Application



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? | |
| 3. Select type of ownership under which your business is op | erated: |
| Individual Partnership Limited Lia | ability Company Cooperative Association Corporation |
| 4. Person Completing application: | |
| Name: | Job Title: |
| Phone: | Email: |
| 5. List all individuals having financial interest in the business | s (attach additional sheet, if necessary): |
| Name: Percent | : Full Address: |
| Name: Percent: | Full Address: |
| 6. Has any person listed in question 4 been convicted of any | / felony under state or federal law? |
| Name: Date: | Place: |
| Type of Conviction: | |
| 7. Has any person listed in question 4 had a Farm Labor Correvoked by any state or by the U.S. Department of Labor? | ntractor License or Certificate suspended, denied, or Yes No |
| Name: Date: . | Place: |
| Reason: | |
| | otarization |
| State of:) | |
|) s.s. | |
| County of:) | |
| financially interested in the business to be carried on under the Farn he or she is fully aware of all applicable provisions of the Nebraska R | says no person other than those mentioned in the foregoing application are n Labor Contractor Certificate of Exemption when issued. Applicant further affirms that Farm Labor Contractors Act, Sections 48-1701 through 48-1714, and that the applicant of these laws, and all statements made in this application are true and correct. |
| | Signature of Applicant |
| On this day of, 20,satisfactory evidence to be the person whose name is subscribed hand and official seal. | personally appeared before me, whose identity was proved on the basis of on the foregoing document, and acknowledged that [he/she] executed it. Witness my |
| | Notary Public |
| | My commission expires: |
| Notary Seal | |