



# Private Employment Agency Surety Bond

Illinois Department of Labor  
Equal Opportunity Workforce  
Michael A. Bilandic Building  
160 North LaSalle, Suite C-1300  
Chicago, Illinois 60601-3150  
Tel # (312) 793-2810  
Fax# (312) 793-5257

BOND NO.: \_\_\_\_\_

## Be It Hereby Known

That \_\_\_\_\_  
(PRINCIPAL - NAME of sole owner, parnters, corporation or LLC/LLP)

doing business under the NAME and STYLE of \_\_\_\_\_

Located at \_\_\_\_\_, in the

City of \_\_\_\_\_ County of \_\_\_\_\_

and State of Illinois, hereafter referred to as principal, and \_\_\_\_\_

\_\_\_\_\_  
(Bond Company)

As sureties, are held and firmly bound unto the People of the State of Illinois, in the sum of FIVE THOUSAND DOLLARS, for the payment of which, well and truly to be made, we bind ourselves, our successors, heirs, executors and administrators, jointly and severally, firmly, by this instrument one year from \_\_\_\_\_  
(Date)

Whereas the above bound principal is desirous of being licensed by the Illinois Department of Labor to operate and maintain a private employment agency from the approval and issuance of the license dated contemporaneously with this instrument, it is a condition of this obligation that said principal shall act in accordance with the PRIVATE EMPLOYMENT AGENCIES ACT 225 ILCS 515/0.1 et seq. and the applicable Rules of the Illinois Department of Labor 68 ILL. ADMIN. CODE 680.100 et seq.

Now if the said principal shall faithfully observe all the duties, terms, conditions, provisions or requirements of the laws in relation to said private employment agencies, then is obligation is to be void; otherwise it is to be in full force and effect.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Division of Private Employment Agencies of the State of Illinois and by certified mail to the above principal a sixty (60) day written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue there under before the expiration of said sixty (60) day period.

Witness our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_

\_\_\_\_\_  
(Bond Company)

\_\_\_\_\_  
(Signature Attorney-in-fact)

\_\_\_\_\_  
(Signature of PRINCIPAL - Name of sole owner, partner, corporate officer, or LLC manager)

Digital Signature \_\_\_\_\_

File Number

Reviewed By:

Date Received