

REAL ESTATE CORPORATION, PARTNERSHIP, AND LLC REQUIREMENTS

For those seeking to change the status of your individual Broker's license to a Corporate Broker license, new or existing, or have formed a Partnership or Limited Liability Company (LLC), please submit the following:

- A completed Corporate Broker Application.
- A \$10.00 application fee; check or money order made payable to the Rhode Island General Treasurer.
- A copy of the <u>Minutes of the Meeting of Officers</u>, designating the principal broker of the Corporation, Partnership, or Limited Liability Company.
- A copy of the <u>Articles of Incorporation</u> from the Rhode Island Secretary of State's Office. If it is not a Rhode Island Corporation, Partnership, or Limited Liability Company; please submit the Articles of Incorporation or Filing Registration from the state where incorporated, filed, or registered.
- A Certificate of Errors and Omissions Insurance.
- A <u>Criminal History Record</u> from the Rhode Island Department of the Attorney General's Office. (Instructions Below) **Non-Residents** must also submit a CHR from their home state law enforcement agency as well.
- A Tax Payer Status Affidavit (See attached).
- A list of all Rhode Island licensed salespersons and brokers of the corporation.
- A <u>Transfer of License Form</u> for each Broker/Salesperson who will be transferred to the new corporation. Be sure to include an Errors and Omissions Insurance Certificate for each licensee, along with a \$25.00 check made payable to the Rhode Island General Treasurer.
- A <u>Certificate of Licensure/Letter of Good Standing</u> for **non-residents only**, who currently hold a Rhode Island Broker's license, applying as a Principal Broker of a Corporation, Partnership, or Limited Liability Company, from their state licensing authority, bearing their name as a principal broker, in addition to the name of the Corporation, Partnership, or Limited Liability Company.

Tel: 401-462-9512 Fax: 401-462-9645 TDD: 711 Web Site: www.dbr.ri.gov



CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS

FOR BROKER AND SALESPERSON APPLICANTS

A Criminal History Record ("CHR") must be submitted to the Real Estate Section of the Department of Business Regulation ("DBR"), Division of Commercial Licensing with each Real Estate Application. Processing applications is contingent upon the complete disposition, or results of any charges delineated or resolved prior to application submission. See instructions on the Attorney General's website to learn how to obtain your CHR.

Mail to:

Department of the Attorney General

4 Howard Avenue Cranston, Rhode Island, 02920 For more information, click here.

If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.

Tel: 401-462-9512 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov



FOR OFFICE USE ONLY LICENSE NUMBER

CORPORATE BROKER APPLICATION

Please print or type. All incomplete applications will be returned. Please allow 7-10 days for processing.

Indicate type of Entity:	□ Corporation	□ P a	artnership	□ Limited Liability Company (LLC)	
1. Name of Entity:					
2. Business Address:	City / T		Γown	State	Zip Code
3. Telephone Number:		4. Email	Address:		
5. Name of Principal Brok	er:		6. Principal I	Broker's Rhode I	sland License #:
7. Organization Date:			8. State of C	Organization:	
9. Business for which Ent	ity was formed:			_	
10. What percentage of but	siness time is inter	nded to be o	levoted to the	Real Estate busir	ness? %
11. List the following for t	he Principal Broke	er, each Par	tner, Officer, o	or Member etc.:	
<u>Name</u>	<u>Titl</u>	<u>le</u>	Resid	lent/Citizen	RI License #

Tel: 401-462-9512 Fax: 401-462-9645 TDD: 711 Web Site: <u>www.dbr.ri.gov</u>

12. Has applicant or Principal Broker ever been ref state or any other state?	Fused a Real Estate Broker or Salesperson license in this Yes No
state? 14. Has applicant or Principal Broker been charged performance of his/her duties, or been charged	a license suspended or revoked in Rhode Island or any other Yes No No I or found guilty of any misconduct or irregularities in the with misappropriating monies of others or withholding such etc., or is now under indictment in this or any other state? Yes No
	"YES" TO QUESTIONS 12 - 14, SULL EXPLANATION.
least three (3) years and are not related to the applic	United States citizens who have known the applicant for at eant, and will attest that the applicant bears a good reputation and that a Corporate Real Estate Broker's license be granted
Name:(Print)	Address:
Name:	Address:
Name:(Print)	Address:
I, the undersigned, swear under penalty of perjury, the application is true to the best of my knowledge, with	the understanding that any omissions, inaccuracies or cient reason to deny licensure as a Corporate Real Estate
Signature	Date

Tel: 401-462-9512 Fax: 401-462-9645 TDD: 711 Web Site: www.dbr.ri.gov



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Licensee Declaration				
☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.				
☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.				
☐ I am currently pursuing administrative review of taxes	owed to the state.			
☐ I am in federal bankruptcy. (Case #)				
☐ I am in state receivership. (Case #)				
☐ I have been discharged from Bankruptcy. (Case #)				
Full Name (Please Print or Type)	Social Security Number (or FEIN for Business)			
Signature	Date			

Tel: 401-462-9512 Fax: 401-462-9645 TDD: 711 Web Site: <u>www.dbr.ri.gov</u>



CORPORATE POWER OF ATTORNEY

Let it be known that,		, a corporation		
	(Name of Corporation)	-		
created by and duly organized u	ander the laws of the State of	, and		
located in the city of	in the State of	,		
having applied to be licensed as	a non-resident corporate real esta	ate broker in the State of Rhode		
Island, do hereby irrevocably ap	ppoint the Director of the Departn	nent of Business Regulation, his		
successor or successors, as my l	awful attorney, upon whom all la	wful process in any action or		
legal proceeding against me ma	y be served in like manner and w	ith the same legal force and		
effect as if I had been lawfully s	served with said process. As such	n, I do hereby authorize said		
attorney to receive and accept so	ervice of process, pursuant to the	provisions of Title 5, Chapter		
20.5-10(d), of the General Laws	s of Rhode Island, as amended.			
Name of Corporation:		{CORPORATE SEAL}		
Signature of Officer:				
Designation of Officer:	Date	:		
Subscribed and sworn to before	the undersigned authority in the	State of,		
in the County of	, on this	, day of,		
20				
	Nota	Notary Public		
	May Commerciant Front			
	My Commission Expires:	·		

Tel: 401-462-9512 Fax: 401-462-9645 TDD: 711 Web Site: <u>www.dbr.ri.gov</u>



TRANSFER OF REAL ESTATE BROKER OR SALESPERSON LICENSE

Please submit the following with this completed form. All incomplete submissions will be returned.

- A Certificate of Errors and Omissions Insurance.
- A check or money order for \$25 made payable to the Rhode Island General Treasurer.

I,				. of	
(Name) (Home Address)			(License Number)		
			(City)	(State)	
(Zip Code)	(Phone N	umber)	(Email Addı	ress)	
request the transfer	of my license fi	rom		to	
			(Current Agency Name)		
(New Agency N	(ame)		_ ·		
(Signature of Salesperson or Broker)		(Da	te of Transfer)		
	<u>STATEME</u>	ENT OF NEW	EMPLOYING BROK	<u>ER</u>	
I, the undersigned, b	being a licensed	real estate bro	oker of the State of Rh	node Island, certify that	
		, will	be associated with/ea	mployed by this agency.	
	Name - Print)				
(Agency Name)		(Agency Address)			
(City)	,	(State)	(Zip Code)	(Phone Number)	
I,		•	a	affirm that the statements	
(Principal B	Broker – Print)	(Lie	cense Number)		
contained herewith	are true.				
			(Signature o	of Principal Broker)	

Tel: 401-462-9512 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov