

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 <u>Corporate Broker Application</u>.
- A <u>\$10.00 application fee;</u> 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 (See attached instructions). **Non-Residents** must also submit a CHR from their home state law enforcement agency as well.
- A <u>Tax Payer Status Affidavit</u> (See attached).
- A <u>list of all Rhode Island licensed salespersons and brokers</u> 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 completed <u>Corporate Power of Attorney Form</u> (Non-residents only).
- 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.



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 below to learn how to obtain your CHR.

INSTRUCTIONS

Applying in Person: A Criminal History Record may be obtained by visiting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General ("DAG"). To apply for a CHR in this manner, bring a picture-identification, showing your date of birth.

Applying by Mail: To apply by mail, send a notarized copy of a photo ID, showing your date of birth, and a signed/notarized letter, giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope.

Mail to:Department of the Attorney General
4 Howard Avenue
Cranston, Rhode Island, 02920

Hours of operation are 8:30 am to 4:30 pm.

The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00), and is payable by check or money order to the "BCI". Please allow time for the DAG to process and generate your request. For further questions about this process, you may contact the DAG at (401) 274-4400.

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



> 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	□ Pa	rtnership	□ Limited Li	ability Company (LLC)
1. Name of Entity:					
2. Business Address:		City / 7	ſown	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 Entr	-				
10. What percentage of bus					ness?%
11. List the following for t	ne Principal Broke	r, each Par	tner, Officer, o	or Member etc.:	
Name	<u>Title</u>	<u>e</u>	Resid	ent/Citizen	RI License #

12. Has applicant or Principal Broker ever been refu state or any other state?	sed a Real Estate Broker or Salesperson license in this Yes No
13. Has any licensee listed under item 11 ever had a state?	license suspended or revoked in Rhode Island or any other Yes No
performance of his/her duties, or been charged w	or found guilty of any misconduct or irregularities in the vith misappropriating monies of others or withholding such tc., or is now under indictment in this or any other state? Yes Ves No
	YES" TO QUESTIONS 12 - 14, VLL EXPLANATION.
least three (3) years and are not related to the applica	United States citizens who have known the applicant for at nt, and will attest that the applicant bears a good reputation I that a Corporate Real Estate Broker's license be granted
Name:(Print)	Address:
Name:(Print)	Address:
Name:(Print)	Address:

STATEMENT OF APPLICANT

I, the undersigned, swear under penalty of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure as a Corporate Real Estate Broker by the Rhode Island Department of Business Regulation.

Signature _____

Date _____



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 D	eclaration
\Box I hereby declare, under penalty of perjury, that I have find owed.	iled all required state tax returns and have paid all taxes
☐ I have entered a written installment agreement to pay de Administrator.	elinquent taxes that is satisfactory to the Tax
\Box I am currently pursuing administrative review of taxes of	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



CORPORATE POWER OF ATTORNEY

Let it be known that,	(Name of Corporation)	, a corporation
	(Name of Corporation)	
created by and duly organized u	under the laws of the State of	, and
located in the city of	in the State of	
having applied to be licensed as	s a non-resident corporate real estat	e broker in the State of Rhode
Island, do hereby irrevocably a	ppoint the Director of the Departme	ent of Business Regulation, his
successor or successors, as my	lawful attorney, upon whom all law	ful process in any action or
legal proceeding against me ma	ay be served in like manner and with	h the same legal force and
effect as if I had been lawfully	served with said process. As such,	I do hereby authorize said
attorney to receive and accept s	service of process, pursuant to the pa	rovisions 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	e the undersigned authority in the St	ate of,
in the County of	, on this	_, day of,
20		
	Notary	Public
	My Commission Expires: _	·



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.

,,	(License Nu	, of
(Home Address)		,, (State) ,
(Phone Number)	(Email Addr	ess)
y license from		to
	(Current Agency Nan	ne)
rson or Broker)	(Date of Transfer)	
STATEMENT OF NEW	EMPLOYING BROKE	ER
, will		
,	(Agency Add	ress)
,,	(Agency Add (Zip Code)	ress) , (Phone Number)
,,	(Zip Code)	,(Phone Number)
,,,,,	(Zip Code)	9
,,	(Zip Code)	,(Phone Number)
	erson or Broker) STATEMENT OF NEW 1 g a licensed real estate bro	(Current Agency Name (Current Agency Name) (Date (Current