BCS/LRE-075 (03/02)

Michigan Department of Consumer & Industry Services
Bureau of Commercial Services
Licensing Division
REAL ESTATE
P.O. Box 30243, Lansing, MI 4890
517-241-9233
www.cis.state.mi.use/bcs/re

BROKER LICENSE APPLICATION FOR PARTNERSHIP

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

☐ New License - $38.00

☐ Relicensure - $58.00 - license has been expired/lapsed more than 60 days after the October 31 expiration date.

☐ Reinstatement - $20.00 - license has been revoked by the Department/Board and you wish a new application to be considered.

$20.00 OF EACH FEE IS NON-REFUNDABLE

SECTION 1 - General Applicant Information Please Type or Print In Black Ink

Name of Partnership Applicant (Attach the filed, date-stamped Certificate of Co-Partnership issued by the County Clerk's Office)	Real Estate I.D. #, if relicensing **6501-**
D/B/A name, if applicable (Attach the filed, date-stamped Certificate of Assumed Name issued by the County Clerk's Office)	Federal Employer I.D. Number
Address (Number, Street, City, State and Zip Code	Daytime Telephone Number ( )

SECTION 2 - Partner Information - Complete the following for each partner. **Salespersons may not be partners.** Attach additional sheets as needed.

(Please Do Not Write In This Box)
Date Approved:

Name (Last, First, Middle)		Social Security Number
Address (Number, Street, City, State and Zip Code		
Will this person act as an Associate Broker? ☐ Yes ☐ No	Is this person a current Real Estate licensee? ☐ Yes ☐ No	If a licensee, provide Real Estate I.D. # ☐ Yes ☐ No
Name (Last, First, Middle)		Social Security Number
Address (Number, Street, City, State and Zip Code		
Will this person act as an Associate Broker? ☐ Yes ☐ No	Is this person a current Real Estate licensee? ☐ Yes ☐ No	If a licensee, provide Real Estate I.D. # ☐ Yes ☐ No
Name (Last, First, Middle)		Social Security Number
Address (Number, Street, City, State and Zip Code		
Will this person act as an Associate Broker? ☐ Yes ☐ No	Is this person a current Real Estate licensee? ☐ Yes ☐ No	If a licensee, provide Real Estate I.D. # ☐ Yes ☐ No

If any person or entity other than those named above will have any financial interest in or exercise any control over the applicant's business, give their names, addresses and nature of the interest or control on an attachment.

DO NOT DETACH THIS STUB

THE REVERSE SIDE OF THIS FORM MUST BE FULLY COMPLETED BY APPLICANT

If this stub is missing or marked up, it may cause delay in the processing of your application.

SECTION 3 - Partner Information - Answer "yes" or "no" to each question below and provide details where requested.

Has any partner of the applicant partnership, ever:

A. Held a Michigan Real Estate License? If "YES", give type and dates. ☐ YES ☐ NO

B. Held a Real Estate License in any other state? If "YES", name the states. A "Letter of Good Standing" must be submitted from each state in which the applicant currently holds or has ever held a Real Estate License. ☐ YES ☐ NO

C. Have you ever had disciplinary action taken against any license, registration or permit you now hold or have ever held? (suspension, revocation, denial etc.) If "YES", Provide type of license, name of state, action and dates of action on a separate sheet of paper. ☐ YES ☐ NO

D. Used any other name? If "YES", explain ☐ YES ☐ NO

E. Been convicted of a felony or misdemeanor for which the partner could have gone to jail? - Do not give details at this time. The Department may contact you at a later date. ☐ YES ☐ NO

Partner's Name: _____

SECTION 4 - Certification and Signatures - This portion *MUST* be properly signed before your application for licensure will be processed.

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Michigan Department of Consumer and Industry Services and its agents to examine the books and records and check civil, criminal, and administrative records at the discretion of the Department.

_____ Signature of Partner Date

_____ Signature of Partner Date

SECTION 5 - General Information

A. This application must be accompanied by a separate associate broker's license application for each active partner and a certified copy of the "Certificate of Co-Partnership" issued by the county clerk's office in the county in which the broker will operate.

B. If conducting business under an assumed name (d/b/a), include with this application a filed, date-stamped copy of the "Certificate of Assumed Name" issued by the county clerk's office in the county in which the broker will operate.

C. Any *unlicensed* partner must complete and file a Stipulation form (BCS/LRE-009). A licensed salesperson cannot be a partner.

D. If the associate broker applicant, who will be an active partner to this new broker (partnership), has previously held an individual broker's license any salespersons licensed to him/her must transfer their licenses to the newly licensed broker. Associate brokers file a new application form to become licensed to the new broker. These transfers are not automatic.

QUICK PROCESSING CARD - DO NOT DETACH

Please fill out this card to help us process your application more quickly

NAME OF PARTNERSHIP	FEDERAL I.D. OR REAL ESTATE I.D. NUMBER
FEE PAYMENT INFORMATION (Check One)	Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - REAL ESTATE
☐ New License - $38.00 71-6501-0115 ☐ Relicensure - $58.00 71-6501-0615 ☐ Reinstatement - $20.00 71-6501-50	FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.