

Real Estate Board

BUSINESS ENTITY LICENSE/REINSTATEMENT APPLICATION

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select one the of following:

x	Method of Licensure	Fee	Trans
<input type="checkbox"/>	Initial/New Business Entity	\$210.00	1021
<input type="checkbox"/>	Reinstatement of an Expired Business Entity	\$195.00	4020

1. Have you ever held a Business Entity or Firm license with the Virginia Real Estate Board?

No

Yes If yes, provide your license number and expiration date below. A company cannot hold a business entity license and a firm license at the same time.

VA License Number Expiration Date* _____

* If the business entity has been expired for more than 1 year, a new business entity license is required.

2. Business Entity Name _____

3. Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____

[▲] All **Sole Proprietorships** (non-broker owned) with DBA or Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where the business will be conducted and/or on file with the State Corporation Commission (SCC).

4. A. Type of business (select only one)

Sole Proprietorship (non-broker owned) General Partnership* Solely Owned LLC [♦] Other, please specify: _____
 Limited Liability Company [♦] Limited Partnership [♦] Corporation [♦]

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission Number: _____ (If applicable)

[♦] If the business entity is a **corporation, limited liability company, or limited partnership**, the **business entity name and trade name(s)** **must be registered** with the Virginia State Corporation Commission (including all **out-of-state businesses**). All business entity shall be organized as a business under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

* **General Partnership** must attach a copy of the certificate filed with the Clerk of the Court in the locality where the business will be conducted or the certificate filed at the State Corporation Commission (SCC).

5. Provide one of the following identification numbers*:

Business Federal Employer Identification Number (FEIN)

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Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's:

Social Security Number **or**

- -

Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant, *who is not a sole proprietor (non-broker owned) or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor (non-broker owned) or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

BOARD USE ONLY	SCC NO.		ISSUE DATE	ACTIVE	TRADE NAME REGISTERED	DATE
				No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					0226	

6. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

7. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

- The email address provided above will be used for your Business Entity's online profile with DPOR. It can **not** be used by any other individual license holder or other businesses registered with DPOR or the Real Estate Board. The email address provided must be unique to this Business Entity's license.

8. Firm/Sole Proprietorship Information with whom your license will be **active**:

A. Firm/Sole Proprietorship Name

B. Trade, "Doing Business As" (DBA) or Fictitious Name

C. Firm/Sole Proprietor's Virginia Real Estate License Number:

0	2	2	6						
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DO NOT INCLUDE DASHES (1234567890)

D. Firm/Sole Proprietor's Mailing Address _____

City

State

Zip Code

E. Firm/Sole Proprietor's E-mail Address _____

F. Firm/Sole Proprietor's Contact Numbers

_____ Telephone Alternative Fax

G. Firm Principal Broker's Name/Sole Proprietor's Name:

Last

First

Middle

Generation

H. Principal Broker's/Sole Proprietor's Virginia Real Estate License No.:

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DO NOT INCLUDE DASHES (1234567890)

9. Will this Business Entity operate as a "team" as defined in [§54.1-2100](#)? (See definition below)

No

Yes

- [§54.1-2100](#) - "Real estate team" means two or more individuals, one or more of whom is a real estate salesperson or broker, who (i) work together as a unit within the same brokerage firm, (ii) represent themselves to the public as working together as one unit, **and** (iii) designate themselves by a fictitious name.

10. **ONLY** provide the following information for each licensed individual or entity who will be **paid a commission** or who is a **member of the team** through the business entity named on this application:

➤ If additional space is needed to complete all required information/signatures, photocopy this sheet.

VA Real Estate License Number	Name	FEIN, Social Security or VA DMV Control No.	Signature*

* By signing this application I/we, the undersigned, certify that the foregoing statements and answers are true, and I/we have not suppressed any information that might affect the Board's decision to approve this application. I also certify that I/we understand, and have complied with, all the laws of Virginia related to real estate licensure under the provisions of Title 54.1, Chapter 21 of the *Code of Virginia* and the *Real Estate Board Regulations*.

11. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration.
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the Department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 21, of the *Code of Virginia* and the *Virginia Real Estate Regulations*.

Principal Broker's Signature _____ Date _____

or

Supervising Broker's* Signature _____ Date _____

Supervising Broker Virginia Real Estate License Number:

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DO NOT INCLUDE DASHES (1234567890)

* If the Supervising Broker listed above is an individual receiving a commission through the Business Entity, the Principal Broker must sign this application.