

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
REAL ESTATE
P.O. Box 30243, Lansing, MI 48909
517-373-7353; Fax 517-373-1044
www.michigan.gov/realestate

**BROKER LICENSE & RELICENSURE APPLICATION FOR
PARTNERSHIP OR LIMITED PARTNERSHIP**

Please carefully read the information below.

1. This application must be accompanied by a separate Associate Broker License application and fee for each active partner.
2. If the applicant is a new partnership, attach a copy of the applicant's approved Co-Partnership Agreement filed with the County Clerk's office.
3. A licensed real estate salesperson cannot be a partner of the broker partnership. Any partner who is not an associate broker with the partnership must file a Stipulation form (BSC/LRE-009).
4. If the associate broker applicant who will be an active partner to this new partnership broker currently holds an individual broker's license, any salesperson licensed to him/her under the individual broker's license who wants to be licensed to the new partnership broker, must submit a transfer form and fee to become licensed to the new partnership broker. Associate brokers file a new Associate Broker License application (BCS/LRE-020) and fee to become licensed to the new partnership broker. Transfers are not automatic.

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BROKER LICENSE APPLICATION FOR A PARTNERSHIP OR LIMITED PARTNERSHIP

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

THIS APPLICATION IS FOR THE THIRD YEAR OF THE THREE-YEAR LICENSE CYCLE AND IS VALID UNTIL 7-1-2012. See Fee Below* LICENSES EXPIRE 10-31-2012

SECTION 1 - General Applicant Information				Please Type or Print In Black Ink	
Name of Partnership Applicant (Attach a copy of the filed, Certificate of Co-Partnership)				Real Estate I.D. #, if relicensing 65-05-	
D/B/A name, if applicable				Federal Employer I.D. Number	
Business Address (Number, Street)		City	State MI	ZIP	
				Daytime Telephone Number	
SECTION 2 - Partner Information - Complete the following for each partner. Attach additional sheets as needed.					(Please Do Not Write In This Box)
					Date Approved:
Name (Last, First, Middle)				Social Security Number	
Residence Address (Number, Street)		City	State	ZIP	E-mail Address
Will this person act as an associate broker or salesperson? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person a current Real Estate licensee? <input type="checkbox"/> Yes <input type="checkbox"/> broker/associate broker <input type="checkbox"/> No <input type="checkbox"/> salesperson			If "Yes", provide Real Estate I.D. # 65-
Name (Last, First, Middle)				Social Security Number	
Residence Address (Number, Street)		City	State	ZIP	E-mail Address
Will this person act as an associate broker or salesperson? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person a current Real Estate licensee? <input type="checkbox"/> Yes <input type="checkbox"/> broker/associate broker <input type="checkbox"/> No <input type="checkbox"/> salesperson			If "Yes", provide Real Estate I.D. # 65-
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, attach separate page and give their names, address, and nature of the interest or control.					
*FEE PAYMENT INFORMATION (Check Appropriate Box)				FOR OFFICE USE ONLY - VALIDATION	
<input type="checkbox"/> Broker Partnership License Application Fee		\$71.00	6505-01=\$51.00 6505-15=\$10.00 6505-16=\$10.00		
<input type="checkbox"/> Relicensure Partnership Broker Application Fee		\$91.00	6505-06=\$71.00 6505-15=\$10.00 6505-16=\$10.00		
INCLUDES \$35.00 NON-REFUNDABLE FEE					
<input type="checkbox"/> Reinstatement (after revocation)		\$35.00	6505-50		
<input type="checkbox"/> Reissue lapsed LLC broker license in same 3 year license cycle		\$10.00	6505-32		
LICENSE REISSUE FEE IS NON-REFUNDABLE					
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN					
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.					

SECTION 3 - Partner Information - Please check appropriate box and provide details where requested:

Please list the individual(s) who will act as principal associate broker(s):

Name: _____

License I.D. Number: _____

SECTION 4 - Background Information - Please check "YES" or "NO" to each of the following questions:

A. Has any partner of the applicant Partnership ever held a Michigan Real Estate License? If "YES", give type and dates. YES NO

Name: _____

License I.D. Number: _____

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

Name: _____

State(s): _____

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

Name of Person: _____

Other Name Used: _____

D. Has any partner of the applicant Partnership ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.) YES NO

Please provide partner's name: _____

If "YES", download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/realestate and select Forms & Publications. The form must be included to avoid delays in processing your application.

E. Has any partner of the applicant Partnership ever been convicted of a felony? YES NO

Name: _____

If "YES", download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/realestate and select Forms & Publications. The form must be included to avoid delays in processing your application.

F. Has any partner of the applicant Partnership ever been convicted of embezzlement or misappropriation of funds, either felony or misdemeanor? YES NO

Name: _____

If yes, download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/realestate and select Forms & Publications. The form must be included to avoid delays in processing your application.

NOTE: Although LCE-020 (Request for Conviction History of Applicant) and LCL-0100 (Request For Court Documents Regarding Felony Convictions) only reference felonies, if any partner of the applicant Partnership has ever been convicted of either a felony or misdemeanor citing embezzlement or misappropriation of funds, use these forms.

SECTION 5 - 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 Licensing and Regulatory Affairs and its agents to examine the books and records and check civil, criminal, and administrative records at the discretion of the Department.

Signature of Associate Broker Partner

Date