



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation  
DIVISION OF COMMERCIAL LICENSING AND  
RACING AND ATHLETICS**

**Real Estate Section  
John O. Pastore Center  
1511 Pontiac Avenue Bldg. 69-1  
Cranston, RI 02920-0942**

**Tele: (401) 462-9512  
TDD: 711**

**Fax: (401) 462-9645  
www.dbr.ri.gov**

**REAL ESTATE CORPORATION, PARTNERSHIP, OR LLC REQUIREMENTS**

If you are changing the status of your individual Broker's License to a Corporate Broker (new, or existing corporation), or have formed a Partnership or Limited Liability Company (LLC), please submit the following:

1. A Completed, notarized application, signed by the applicant.
2. \$10.00 application fee: Made payable to the Rhode Island General Treasurer.
3. A copy of the Minutes of the Meeting of Officers, designating the principal broker of the Corporation, Partnership, or Limited Liability Company.
4. A copy of the Articles of Incorporation from the Rhode Island Secretary of State's Office.
5. A list of all Rhode Island licensed salespersons and brokers of the corporation.
6. Certificate of Errors and Omissions Insurance.
7. A completed Corporate Power of Attorney form (Non-residents only – See attached).
8. A Criminal History Record from the Attorney General's Office. (See attached Instructions)
9. Tax Payer Status Affidavit (See attached)
10. Transfer of License Form 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 (payable to the Rhode Island General Treasurer) (See attached Transfer Form)

\*Non-residents who hold a current Rhode Island Broker's license, applying as a Principal Broker of a Corporation, Partnership, or Limited Liability Company, must submit a Letter of Certification 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. 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.

**INCOMPLETE DOCUMENTS WILL BE RETURNED.**



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**REAL ESTATE CORPORATION, PARTNERSHIP, OR LLC APPLICATION**

**APPLICATION FEE: \$10.00**

**INSTRUCTIONS:**

- **Print or Type.**
- **Make \$10.00 check payable to  
The Rhode Island General Treasurer.**
- **Incomplete applications will be returned.**

<i>For Office Use Only</i>
<i>Check Number:</i>
<i>Check Date:</i>
<i>\$10.00 Fee Paid:</i>
<i>Date Issued:</i>
<i>Corporate License #:</i>

1. Name of Entity:	2. Principal Business Address: Street:		
	City or Town:	State:	Zip Code:
3. Name of Principal Broker:	5. Telephone Number:	Email Address:	
6. Principal Broker's Rhode Island License #:	7. Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	LLC: <input type="checkbox"/>
8. Organization Date:	9. State of Organization:		
10. Business for which Entity was formed:			
11. Does Applicant intend to continue such business?		YES <input type="checkbox"/>	
If not, give exact Termination Date:		NO <input type="checkbox"/> DATE:	
12. List the following information for Principal Broker, each Partner, Officer, or Member, Etc.:			
<u>Name</u>	<u>Title</u>	<u>Residential Address</u>	<u>D.O.B.</u> <u>Legal Resident</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Active/Inactive</u>

In addition to the designation of a Principal Broker disclosed in Question 3 above, every other broker or salesperson of a licensed entity is obliged to obtain an individual license as a broker or salesperson (Attach a list of all licensees).

13. Has applicant or the Principal Broker heretofore been refused by the State of Rhode Island or any other state, to act as a Real Estate Broker or Salesperson? If yes, explain below. Yes  No
14. Has any such license in item 12 ever been suspended or revoked in Rhode Island or any other state? Yes  No
15. Has applicant or the Principal Broker heretofore been discharged, indicted or found guilty, been charged with any misconduct or irregularities in the performance of his/her duties, been charged with misappropriating monies of others or withholding such monies, at any time, by any firm, corporation, etc., or is now under indictment in this or any other state? If yes, explain below. Yes  No

16. Explain, fully, all "Yes" answers to questions 13 – 15:

17. State, specifically, what percentage of business time is intended to be devoted to the Real Estate Business. \_\_\_\_\_%

18. NOTE: The Law requires recommendations of three (3) *United States Citizens* who have been property owners for at least three (3) years, have known the applicant/Principal Broker for at least three (3) years, and are not related to the applicant.

I, THE UNDERSIGNED, AM A UNITED STATES CITIZEN OF THE STATE OF RHODE ISLAND, HAVING OWNED PROPERTY FOR AT LEAST THREE (3) YEARS PRIOR TO THE DATE HEREOF, AND HAVING KNOWN THE APPLICANT FOR THREE (3) YEARS PRIOR HERETO, ACKNOWLEDGE THAT I AM NOT RELATED TO THE APPLICANT, AND THAT THE APPLICANT BEARS A GOOD REPUTATION FOR HONESTY AND TRUST-WORTHINESS. I RECOMMEND THAT A REAL ESTATE BROKER'S LICENSE BE GRANTED TO THE APPLICANT.

NAME RESIDENTIAL HOME ADDRESS CITY, STATE, ZIP CODE

NAME RESIDENTIAL HOME ADDRESS CITY, STATE, ZIP CODE

NAME RESIDENTIAL HOME ADDRESS CITY, STATE, ZIP CODE

I HEREBY AFFIRM THAT THE ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE.

SEAL OF  
NOTARY  
PUBLIC

\_\_\_\_\_  
*APPLICANT'S SIGNATURE*

\_\_\_\_\_  
*PRINCIPAL BROKER'S SIGNATURE*

SUBSCRIBED AND SWORN TO, AT \_\_\_\_\_ BEFORE ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*NOTARY PUBLIC'S SIGNATURE*

CORPORATE BROKER LICENSE ISSUED \_\_\_\_\_  
DATE

LLC / PARTNERSHIP LICENSE ISSUED \_\_\_\_\_  
DATE

CORPORATION

*State of Rhode Island and Providence Plantations*

**POWER OF ATTORNEY**

*Know All Men by these Presents,*

That the ..... , a corporation  
(Name of Corporation)  
created by and duly organized under the laws of the State of ..... , and located in the  
..... of ..... in the State of .....  
having applied to be licensed by the Real Estate Division of the Department of Business Regulation of the State of Rhode Island and Providence Plantations, to act as a real estate broker in the State of Rhode Island as provided by Chapter 83, Public Laws of Rhode Island, 1959, as amended, hereby makes, constitutes, and appoints the Director of Business Regulation of the State of Rhode Island and Providence Plantations, his successor or successors in office, its true and lawful attorney in and for the State of Rhode Island, upon whom all lawful process in any action or proceeding against it may be served in like manner and with the same legal force and effect as if it had been lawfully served with said process therein as provided by the laws of the State of Rhode Island; and the said Director of Business Regulation, as such attorney, is hereby authorized and empowered to receive and accept service of any process, writ, summons, petition or order whereby any suit, action or proceeding shall be commenced against it, and it hereby stipulates and agrees that any lawful process against it which is served on said Director of Business Regulation, shall have the same legal force and effect as if served on it within the State of Rhode Island.

The authority given in this appointment shall continue in force so long as any liability to any resident of this State remains unsatisfied.

In *Testimony Whereof*, the corporation aforesaid has caused its name to be hereto subscribed and its corporate seal to be affixed by its ..... for that purpose duly authorized this ..... day of  
(Designation of Officer)

..... 20.....  
(Name of Corporation) (P. O. Address)

.....  
(Signature of Officer) {CORPORATE SEAL}  
.....  
(Designation of Officer)

State of .....

County of .....

In the ..... of ..... on this .....

Day of .....20....., before me personally appeared the above named .....

..... who is known to be the .....  
(Designation of Officer)

of the corporation above-named, and described in and who executed the foregoing instrument, who being by me duly sworn, did depose and say that he/she is ..... of the  
(Designation of Officer)

..... above-named,  
(Name of Corporation)

and that he/she knows the corporate seal thereof; that the seal affixed to the foregoing instrument is the corporate seal of said corporation and was affixed by order of the Board of Directors of said corporation, and that he/she has subscribed the name of said corporation thereto by the like order, as ..... of said corporation.  
(Designation of Officer)

{NOTORIAL SEAL}

Subscribed and sworn to, before me this ..... day of ....., 20.....

..... Notary Public.



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**CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS**

**FOR BROKER AND SALESPERSON APPLICANTS**

**A Criminal History Record (“CHR”) must be submitted to the Real Estate Section, Department of Business Regulation (“DBR”), Division of Commercial Licensing and Racing and Athletics, with each Real Estate Application. Processing an application 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.

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 the phone number below.

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

**Contact Information for the Department of Attorney General:**

- 150 South Main Street, Providence, Rhode Island.
- Telephone Number: (401) 274-4400
- Hours of operation are 8:00 a.m. to 4:30 p.m.



**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.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

**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 #: \_\_\_\_\_)

Type of Professional License for which you are applying: \_\_\_\_\_

Full Name: (Please Print or Type) \_\_\_\_\_ Social Security Number: (or FEIN if appropriate) \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Date: \_\_\_\_\_



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**TRANSFER OF REAL ESTATE BROKER OR SALESPERSON LICENSE**

**NOTE: A CERTIFICATE OF ERRORS AND OMISSIONS INSURANCE AND A \$25.00 CHECK  
(Payable to the Rhode Island General Treasurer) MUST BE SUBMITTED WITH ALL TRANSFERS.**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Home Address) (City)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(State) (Zip Code) (D.O.B.) (Phone Number) (License Number)

request the transfer of my license as of \_\_\_\_\_;  
(Date)  
from \_\_\_\_\_ to \_\_\_\_\_,  
(Agency Name) (Agency Name)

\_\_\_\_\_  
(Signature of Salesperson or Broker)

**STATEMENT OF NEW EMPLOYING BROKER**

I, the undersigned, being a licensed real estate broker of the State of Rhode Island, certify that  
\_\_\_\_\_, will be associated with/employed by this agency.

**(Licensee's Name - Print)**

\_\_\_\_\_  
**Agency's Business Name) (Phone #) (Principal Broker - Print) (License Number)**  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
**(Agency's Business Address) (City) (State) (Zip Code)**

I affirm that the statements contained herewith are true.

\_\_\_\_\_  
(Signature of Principal Broker)

Subscribed and sworn to at \_\_\_\_\_, before me, this \_\_\_\_\_ day of  
(City and State)  
\_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

**INCOMPLETE TRANSFER FORMS WILL BE RETURNED**