



STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
85 – 7<sup>th</sup> Place East, Suite 280  
St. Paul, Minnesota 55101-3165  
651-539-1599

ADDITIONAL BROKER'S  
LICENSE REQUEST  
Minn. Stat. §82.63

An additional broker's license may be issued pursuant to Minn. Stat. §82.63, subd. 2 to an individual who holds a broker's license in the broker's own name or for or on behalf of a business entity only upon demonstrating that the broker has at least 20 percent ownership interest in each business entity for or on whose behalf the broker holds or will hold a broker's license or that the broker is an elected or appointed officer, signing partner, or managing member of both the business entity for which or on whose behalf the broker already holds a license, and an affiliated business entity for which or on whose behalf the broker is applying for an additional license.

Last Name		First Name	Middle Name
Residence Address			
City, State, Zip Code		E-mail Address for Business Use	
Date of Birth (month/day/year)	Telephone Number (      )		License Number

**Broker's Relationship to Real Estate Companies** *(check one)*

☐ **Broker applicant has at least 20 percent ownership interest in each real estate company.**

Provide the following information for all companies for which the applicant broker intends to act as primary broker.

- Name of first real estate company: \_\_\_\_\_ Company License # \_\_\_\_\_
  - Percent of ownership held by broker in first real estate company: \_\_\_\_\_%
  - Complete and sign the attached form "Disclosure of Owners, Partners, Officers" for first real estate company.
- Name of additional real estate company: \_\_\_\_\_
  - Percent of ownership held by broker in additional real estate company: \_\_\_\_\_%
  - Complete and sign the attached form "Disclosure of Owners, Partners, Officers" for additional real estate company.

☐ **The real estate companies have shared ownership by one or more of the same persons, and the Broker applicant is an elected or appointed officer, signing partner, or managing member of both business entities.**

Provide the following information for all business entities for which the applicant broker intends to act as primary broker.

- Name of first real estate company: \_\_\_\_\_ Company License # \_\_\_\_\_
  - Broker's position/title in first real estate company: \_\_\_\_\_
  - Complete and sign the attached form "Disclosure of Owners, Partners, Officers" for first real estate company.
- Name of additional real estate company: \_\_\_\_\_
  - Broker's position/title in additional real estate company: \_\_\_\_\_
  - Complete and sign the attached form "Disclosure of Owners, Partners, Officers" for additional real estate company.

**Supervision of Agents** *(check one)*

☐ **As Broker for more than one real estate company, I will have supervisory responsibility for all agents affiliated with each company, and I certify that I will be capable of supervising all agents in each real estate company.**

Provide the following information for all companies that the broker will act as primary broker (attach additional page if necessary):

- Number of agents affiliated with first real estate company: \_\_\_\_\_
- Identify all other real estate companies for which the applicant acts as broker and the number of agents:  
Co. Name: \_\_\_\_\_ Number of Agents: \_\_\_\_\_

☐ **I certify that there are no salespersons affiliated with the additional real estate companies; and therefore I will not have additional responsibility for supervising agents under an additional broker license.**

**Legitimate Business Purpose**

The applicant for an additional broker license must demonstrate that the additional broker license is necessary in order to serve a legitimate business purpose (such as engaging in a different and specialized area of real estate or maintaining an existing business name).  
*Describe reason for additional broker license (attach additional page if necessary):*

\_\_\_\_\_

**CERTIFICATION: I certify that all of the information above is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Commerce.**

Signature of Additional Broker Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# DISCLOSURE OF OWNERS, PARTNERS, OFFICERS

Name of Company/Agency: \_\_\_\_\_

License #: \_\_\_\_\_ (Provide Company/Agency License # for a notice of **CHANGE** in officers/partners)

<b>Business Structure:</b> <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	<b>Instructions:</b> Provide the name and residential address of all Partners. If licensed as an individual, provide license information.
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (specify): _____	Provide the name and residential address of all Officers, Owner/Members and/or Shareholders and their percent of ownership. If any Officer/Owner/Shareholder is licensed as an individual, provide license information.

**If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.**

Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		

**CERTIFICATION:** I certify that all of the information above is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Commerce.

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Attach additional sheets if necessary to disclose all owners, partners, officers, member, and all individual license information.*

# DISCLOSURE OF OWNERS, PARTNERS, OFFICERS

Name of Company/Agency: \_\_\_\_\_

License #: \_\_\_\_\_ (Provide Company/Agency License # for a notice of **CHANGE** in officers/partners)

<b>Business Structure:</b> <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	<b>Instructions:</b> Provide the name and residential address of all Partners. If licensed as an individual, provide license information.
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (specify): _____	Provide the name and residential address of all Officers, Owner/Members and/or Shareholders and their percent of ownership. If any Officer/Owner/Shareholder is licensed as an individual, provide license information.

**If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.**

Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		
Name		License #	License Type
Residential Address		Issuing State	Date Issued
City/State/Zip			
Title <i>check one</i>	<input type="checkbox"/> 100% Owner <input type="checkbox"/> Corporate Officer (Title: _____) <input type="checkbox"/> Corporate Shareholder (% of Ownership: _____%) <input type="checkbox"/> LLC Owner/Member (% of Ownership _____% Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner		

**CERTIFICATION:** I certify that all of the information above is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Commerce.

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Attach additional sheets if necessary to disclose all owners, partners, officers, member, and all individual license information.*