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|---|---|---|
| | **STATE OF MINNESOTA**<br>**DEPARTMENT OF COMMERCE**<br>**85 – 7th Place East, Suite 500**<br>**St. Paul, Minnesota 55101-3165**<br>**651-539-1599** | **ADDITIONAL BROKER'S LICENSE REQUEST**<br>**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 51 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 |
| Date of Birth (month/day/year) | Telephone Number<br>(  ) | Social Security Number |

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

❑ **Broker applicant has at least 51 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.

**1**. Name of first real estate company: _____ Company License #_____

a. Percent of ownership held by broker in first real estate company: _____%

b. Complete and sign the attached form "Disclosure of Owners, Partners, Officers" for first real estate company.

**2**. Name of additional real estate company:_____

a. Percent of ownership held by broker in additional real estate company: _____%

b. Complete and sign the attached form "Disclosure of Owners, Partners, Officers" for additional real estate company.

❑ **The real estate companies are majority-owned by 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.

**1.** Name of first real estate company: _____ Company License #_____

a. Broker's position/title in first real estate company: _____

b. Complete and sign the attached form "Disclosure of Owners, Partners, Officers" for first real estate company.

**2.** Name of additional real estate company: _____

a. Broker's position/title in additional real estate company: _____

b. 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):

1. Number of agents affiliated with first real estate company: _____
2. 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)

| **Business Structure:** | **Instructions:** |
|---|---|
| ❒ General Partnership<br>❒ Limited Partnership | Provide the name and residential address of all Partners. If licensed as an individual, provide license information. |
| ❒ Corporation<br>❒ Limited Liability Company<br>❒ 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 | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ 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)

| **Business Structure:** | **Instructions:** |
|---|---|
| ❒ General Partnership<br>❒ Limited Partnership | Provide the name and residential address of all Partners. If licensed as an individual, provide license information. |
| ❒ Corporation<br>❒ Limited Liability Company<br>❒ 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 | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ Limited Partner

| Name | | License # | License Type |
|---|---|---|---|
| Residential Address | City/State/Zip | Issuing State | Date Issued |

Title *check one* ❒ 100% Owner ❒ Corporate Officer (Title:_____ ) ❒ Corporate Shareholder (% of Ownership: _____%)
❒ LLC Owner/Member (% of Ownership _____% Title:_____) ❒ General Partner ❒ 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.*