



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME OF COMPANY			
FEIN (SSN if applying for an Individual Proprietorship)			
COMPANY PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
COMPANY MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Maine Real Estate Commission Required Fee: \$100.00

COMPANY TYPE (check one box):

<input type="checkbox"/>	ASSOCIATION (AA1421)
<input type="checkbox"/>	CORPORATION (AC1421) - Corporate File Number, Issued by Maine Secretary of State: _____ On Page 3 fill out the list of name, home address and office held for each officer.
<input type="checkbox"/>	INDIVIDUAL PROPRIETORSHIP (AI1421) (Note: Company's legal name is Designated Broker's legal name)
<input type="checkbox"/>	LIMITED LIABILITY COMPANY(AL1421) - LLC Number, Issued by Maine Secretary of State: _____ On Page 3 fill out the name, home address and office held for each member.
<input type="checkbox"/>	LIMITED PARTNERSHIP - (LP1421) Partnership Number, Issued by Maine Secretary of State: _____ On Page 3 fill out the name, home address and office held for each partner.
<input type="checkbox"/>	PARTNERSHIP (AP1421)
<input type="checkbox"/>	BRANCH OFFICE (AB1421) - Fill out branch office staffing information on Page 3. Enter Main Office license number here: _____

Please read instructions and Frequently Asked Questions on Pages 3 and 4.

Office Use Only:
1421 - \$100.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy

SIGNATURE	DATE
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MAINE REAL ESTATE COMMISSION AGENCY APPLICATION - PAGE 2

AGENCY NAME: _____

TRADE NAME: If you wish to do business under a trade name (as authorized by 32 M.R.S.A. §13176), please enter that trade name here:

Has this agency, the designated broker or any of the applicant agency's members, officers, or directors ever been convicted by any court of any offense? NO YES

If yes, provide a written statement on a separate sheet of paper than includes the date of the offense and a detailed description of the events surrounding the conviction. Submit your written statement and a copy of the court judgments) with this application.

Important note: Failure to disclose convictions may result in fines, suspension and/or revocation of a license.

OTHER BUSINESS: Is the applicant engaged in any business other than real estate brokerage ? NO YES

If yes, state nature of business:

STATEMENT BY OWNER (NOT REQUIRED FOR INDIVIDUAL PROPRIETORS):

I hereby appoint _____ (Designated Broker's name) to act as Designated Broker for the real estate agency applying for licensure by this application.

AGENCY OWNER'S PRINTED NAME:

AGENCY OWNER'S SIGNATURE

DATE

STATEMENT BY DESIGNATED BROKER:

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I understand that the Maine Real Estate Commission will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed including denial, suspension or revocation of my license if this information is found to be false.

DESIGNATED BROKER'S SIGNATURE

DB LICENSE NUMBER

DB EXPIRATION DATE

According to Chapter 400, Section a(3), the designated broker may designate another person to assist in administering the provisions of the Commission's rules. If you wish to nominate designees at this time, please enter their names and license numbers below and have them sign this application.

Designee's name and license #

Designee's signature

Designee's name and license #

Designee's signature

Designee's name and license #

Designee's signature

If the agency is physically located outside of the State of Maine, you must fill out the following section:

NAME OF OWNER OR DULY AUTHORIZED REPRESENTATIVE

PRINCIPAL PLACE OF BUSINESS (city and state):

WHEREAS I, a duly authorized representative of the agency named above, have made application for a non-resident real estate brokerage agency license in the State of Maine in accordance with the provisions of 32 M.R.S.A., Chapter 114; and

WHEREAS, pursuant to 32 M.R.S.A. §13173 it is necessary for a non-resident agency license applicant to file an irrevocable consent to service agreement with the Director of the Real Estate Commission;

NOW, THEREFORE, I hereby execute and file with the Director of the Real Estate Commission this irrevocable consent that actions may be commenced against me in the proper court of any county in the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the State of Maine on the Director of the Commission. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Director shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

IN WITNESS WHEREOF, I have hereunto signed by name.

SIGNATURE

DATE

MAINE REAL ESTATE COMMISSION AGENCY APPLICATION - PAGE 3

AGENCY NAME: _____

AGENCY LICENSING INFORMATION

All applicants must:

- Open a trust account in a bank authorized to do business in the State of Maine, pursuant to 32 M.R.S.A. §13178; and
- Have a fixed and definite place of business, pursuant to 32 M.R.S.A. §13173(5).

Additionally, any non-resident applicant must be licensed and in good standing with the licensing authority in its home state. You must include a certificate of good standing from the agency's home state and every other state where the agency holds a license. These certificates must be less than thirty days old at the time of application.

See 32 M.R.S.A., Chapter 114 for other laws relating to agency licensure.

BRANCH OFFICE INFORMATION

Each location other than the main office (including licensees' homes) where real estate brokerage is regularly conducted or that is advertised as a location where the public may contact the agency or its employees concerning brokerage services must be licensed as a branch office. See 32 M.R.S.A. Chapter 114, Subchapter III for additional information.

The legal and trade names of the branch office MUST be the same as the main office.

The designated broker of the main office is the branch manager unless otherwise indicated. Any branch manager must hold a broker's license. Include change of license application and appropriate fee for any licensees listed below.

Branch Manager's License Number	Branch Manager's Name

Licensees who will staff the branch office

List name and license number of all licensees who will staff the branch office.

License Number	Name

OWNERSHIP/OFFICER INFORMATION

Corporations, Limited Liability Companies and Limited Partnerships must provide a list of the names, home addresses and offices held for all officers. Please enter this information below. Attach separate sheets if necessary.

OFFICE HELD	NAME & ADDRESS

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.