

Real Estate Board

BUSINESS ENTITY LICENSE/REINSTATEMENT APPLICATION

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Select one the of following:

x	Method of Licensure	Fee	Trans
<input type="checkbox"/>	Initial/New Business Entity	\$285.00	1021
<input type="checkbox"/>	Reinstatement of an Expired Business Entity	\$205.00	4020

1. Has this **Business** ever held a license with the Virginia Real Estate Board?

No

Yes If yes, provide the license number and expiration date.

VA License Number

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 Expiration Date* _____

➤ A Business Entity and Firm cannot operate as one business. Each must register with the SCC and hold a separate license.

* If the business entity has been expired for more than 1 year, a **new** business entity license is required.

2. Business Entity/Sole Proprietor Name _____

➤ A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

3. Assumed or Fictitious Name [▲] _____

▲ If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* must be attached to this application.

4. A. Type of business entity (select only **one**)

Sole Proprietorship General Partnership Solely Owned LLC Corporation
 Limited Partnership Limited Liability Company Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission (SCC) Number: _____ (If applicable)

➤ All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

BOARD USE ONLY	SCC NO.		ISSUE DATE	ACTIVE	TRADE NAME REGISTERED	DATE
				No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					0226	

5. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (EIN)

□□ - □□□□□□□□

Sole Proprietor's/Individual's Social Security Number and/or

□□□ - □□ - □□□□

Virginia Department of Motor Vehicles Control Number

□□□□□□□□□□

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Contact Numbers

_____ Primary Telephone _____ Alternate Telephone

7. Email Address

_____ Email address is considered a public record and will be disclosed upon request from a third party.

➤ The email address provided above will be used for your Business Entity's online profile with DPOR. It can **not** be used by any other individual license holder or other businesses registered with DPOR or the Real Estate Board. The email address provided must be unique to this Business Entity's license.

8. Firm/Sole Proprietorship Information with whom your license will be **active**:

A. Name

B. Assumed or Fictitious Name

C. Virginia Real Estate License Number

0 2 2 6 □ □ □ □ □ □ □ □

DO NOT INCLUDE DASHES (1234567890)

D. Mailing Address

_____ City _____ State _____ Zip Code

E. Email Address

F. Contact Numbers

_____ Telephone _____ Alternative

G. Firm Principal Broker's Name/Sole Proprietor's Name

_____ Last _____ First _____ Middle _____ Generation

H. Principal Broker's/Sole Proprietor's Virginia Real Estate License No.

0 2 2 5 □ □ □ □ □ □ □ □

DO NOT INCLUDE DASHES (1234567890)

9. Will this Business Entity operate as a "team" as defined in §54.1-2100? (See definition below)

No

Yes

➤ §54.1-2100 - "Real estate team" means two or more individuals, one or more of whom is a real estate salesperson or broker, who (i) work together as a unit within the same brokerage firm, (ii) represent themselves to the public as working together as one unit, **and** (iii) designate themselves by a fictitious name.

10. **ONLY** provide the following information for **each licensed individual or entity** who will be **paid a commission** or who is a **licensed member of the team** through the business entity named on this application:

➤ If additional space is needed to complete all required information/signatures, photocopy this sheet.

VA Real Estate License Number	Name	License Type (Salesperson, Broker or Entity)	Signature*

* By signing this application I/we, the undersigned, certify that the foregoing statements and answers are true, and I/we have not suppressed any information that might affect the Board's decision to approve this application. I also certify that I/we understand, and have complied with, all the laws of Virginia related to real estate licensure under the provisions of Title 54.1, Chapter 21 of the *Code of Virginia* and the *Real Estate Board Regulations*.

11. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration.
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the Department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 21, of the *Code of Virginia* and the *Virginia Real Estate Regulations*.

Principal Broker's Signature _____ Date _____

or

Supervising Broker's* Signature _____ Date _____

Supervising Broker Virginia Real Estate License Number:

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DO NOT INCLUDE DASHES (1234567890)

* If the Supervising Broker listed above is an individual receiving a commission through the Business Entity or a member of the team, the Principal Broker must sign this application.