



2008 REAL ESTATE BROKER FIRM/OFFICE REINSTATEMENT
**(CORPORATION/PARTNERSHIP/LIMITED PARTNERSHIP/
 LIMITED LIABILITY COMPANY/BRANCH OFFICE)**

**Illinois Department of Financial and Professional Regulation
 Division of Professional Regulation / Real Estate Professions Section
 320 West Washington Street
 Springfield, IL 62786
 Real Estate Licensing 217/782-3414**

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate Act of 2000 [225 ILCS 454]. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

Name of Firm/Office:	License Number:
Mailing Address (Street, City, State, Zip Code)	Telephone Number: (_ _ _) _ _ _ - _ _ _ _

INSTRUCTIONS

- Complete the entire application.
- Make the check payable to the Illinois Department of Financial and Professional Regulation. **The fee is not refundable.**
 License fee on or before: **10/31/2008 \$150.00**
 License fee on or after: **11/01/2008 \$200.00**
- If a name change or an assumed name change is indicated for a corporation or limited partnership, amended articles must be submitted.
- If a name change is indicated for a partnership, a notarized statement must be submitted.
- Submit a copy of the assumed name certificate if applicable.
- Submit the attached Consent to Examine and Audit form.
- If your license has been expired for more than two (2) years, you cannot reinstate this license. A new application must be submitted. You may contact this office for the appropriate forms.
- Send the completed application, fee, and all attachments to the address above. If you have any licensing questions, please contact the Real Estate Licensing Division at 217/782-3414.

Practice after the expiration of this license shall constitute unlicensed practice which may result in civil/criminal penalties and discipline of this license.

I hereby certify that each principal associated herewith who is NOT licensed in the State of Illinois does not actively participate in the brokerage business as defined in Section 5-15 of the Real Estate License Act of 2000. If a partnership, I certify that each general partner in the partnership is a duly-licensed broker in the State of Illinois.

I further certify that every employee who actively participates as a salesperson or broker for said corporation/partnership holds a license as a real estate salesperson or broker. I further certify that no individual salesperson or group of salespersons owns, directly or indirectly more than 49% of the corporation/partnership.

Consent to Examine and Audit Special Accounts - My signature below authorizes a duly authorized representative of the Illinois Department of Financial and Professional Regulation to examine and audit any special accounts which may be maintained by the brokerage.

I understand that if I provide false/fraudulent information, I could lose my license, be fined or have other penalties assessed. Therefore, I declare that I have examined this form and to the best of my knowledge, all statements are true, correct, and complete.

If your firm/office HAS BEEN DISCIPLINED here or in any other jurisdiction, it MUST be reported to this office if not previously reported. Documentation MUST be submitted with your renewal.

Signature of Managing Broker _____ Date _____

Printed Name _____ License Number _____



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation / Real Estate Professions Section
320 West Washington Street
Springfield, IL 62786
Real Estate Licensing 217/782-3414

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- I have one or more special accounts, and authorize a representative of the Illinois Department of Financial and Professional Regulation to examine those accounts.
I do not accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts.

PART A: BROKER INFORMATION

1. Name of Individual Broker, Partnership, Corporation, or Limited Liability Company

2. Business Address (Street, City, State, Zip Code)

3. Telephone Number (_ _ _) _ _ _ - _ _ _ _

4. License Number

PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to Audit form is required for each depository at which you maintain special account(s). Copy this form as needed.

1. Name and address of Bank or Savings and Loan Association

Blank lines for name and address of bank or savings and loan association.

2. Specific Special Accounts to be Examined and Audited

Table with 3 columns: Title(s) of Special Account(s), Account Number, Identifying Number(s) Required by IRS (FEIN or Social Security No.)

3. List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account

Table with 4 columns: Name, Sex, Title, License Number

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of the Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B(3) above.

Signature of Managing Broker, License Number, Date, Title