{225 ILCS 454}. Discl form has been approved Name of Firm/Office:	(CORPORATIO LIMITED LI Illinois Depa apletion of this form is necessary to osure of this information is <b>REQU</b> d by the Agency Forms Coordinator	TE BROKER FIRM/OFFICE REINSTATEMENT         N/PARTNERSHIP/LIMITED PARTNERSHIP/         ARTNERSHIP/LIMITED PARTNERSHIP/         ARTNERSHIP/LIMITED PARTNERSHIP/         ARTNERSHIP/LIMITED PARTNERSHIP/         ARTNERSHIP/LIMITED PARTNERSHIP/         ARTNERSHIP/LIMITED PARTNERSHIP/         ARTNERSHIP/LIMITED PARTNERSHIP/         ARTNERSHIP/COMPANY/BRANCH OFFICE)         artment of Financial and Professional Regulation         Division of Real Estate         320 West Washington Street         Springfield, IL 62786         Real Estate Licensing 800/560-6420         accomplish the requirements outlined in the Illinois Real Estate Act of 2000         IRED. Failure to comply may result in this form not being processed. This         License Number:         Telephone Number:			
Mailing Address (Street, City, State, Zip Code)		()			
INSTRUCTIONS 1. Complete the entire application.					
<ol> <li>Make the check payable to the Illinois Department of Financial and Professional Regulation. The fee is not refundable. License fee on or before: 10/31/2014 \$150.00 License fee on or after: 11/01/2014 \$200.00</li> <li>If a name change or an assumed name change is indicated for a corporation or limited partnership, amended articles must be submitted.</li> </ol>					
4. If a name change is indicated for a partnership, a notarized statement must be submitted.					
5. Submit a copy of the assumed name certificate if applicable.					
6. Submit the attached Consent to Examine and Audit form.					
7. 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.					
8. 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 800/560-6420.					
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	g Broker Date				
Printed Name License Number					
IL 505-0366 (Rev 12/1	4)				

A CONTRACTOR OF THE PARTY OF TH	CONSENT TO EXAMINE AND A Illinois Department of Financial Division of Re 320 West Washi Springfield, I Real Estate Licensin	<b>Important Notice:</b> Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License 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.			
those accounts. (I	re special accounts, and authorize a representati Please complete both Parts A and B of this form crow monies, and do not hold monies belonging only Part A of this form.)	l.)			
PART A: BROKER					
1. Name of Individua	l Broker, Partnership, Corporation, or Limited I	Liability Company			
2. Business Address	(Street, City, State, Zip Code)	3. Telephone Number ()			
		4. License Number			
	ORY AT WHICH REAL ESTATE SPECIA pository at which you maintain special accou		A separate Consent to Audit form is		
1. Name and address	of Bank or Savings and Loan Association				
2. Specific Special A	ccounts to be Examined and Audited				
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					
Name	Sex	Title	License Number		
I hereby authorize the Regulation to examin	above named-depository to allow, at any time, e and audit the above named special account(s).	a duly authorized representative of the De I am one of the individuals listed under P	partment of Financial and Professional art B (3) above.		
Signature of Managin	g Broker	License Number	Date		
Title					
IL 505-0341 (Rev 6/14)					