



## 2022 REAL ESTATE BROKER FIRM/OFFICE REINSTATEMENT

**(CORPORATION/PARTNERSHIP/LIMITED PARTNERSHIP/  
LIMITED LIABILITY COMPANY/BRANCH OFFICE)**

Illinois Department of Financial and Professional Regulation  
Division of Real Estate  
320 West Washington Street  
Springfield, IL 62786  
[FPR.RealEstate@illinois.gov](mailto:FPR.RealEstate@illinois.gov)

**Important Notice:** 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.

Name of Firm/Office:

License Number:

Mailing Address (Street, City, State, Zip Code)

Telephone Number:

( \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

Email Address:

### INSTRUCTIONS

1. Complete the entire application.
2. Make the check payable to the Illinois Department of Financial and Professional Regulation. **The fee is not refundable.**  
License fee on or before: **10/31/2022 \$150.00**  
License fee on or after: **11/01/2022 \$200.00**
3. If a name change or an assumed name change is indicated for a corporation, limited liability company, or limited partnership, amended articles must be submitted.
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 leasing agent for said corporation/partnership holds a license as a real estate leasing agent. I further certify that no individual leasing agent or group of leasing agents 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

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Any changes made from the information provided below must be reported to the Division of Real Estate within 10 days.

**I have** one or more special (escrow) accounts and authorize a representative from the Illinois Department of Financial and Professional Regulation ("Department") to examine those accounts. (Please complete both Parts A and B, and sign this form.)

**I do not** accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. (Please complete Part A, and sign this form.)

### PART A: SPONSORING BROKER INFORMATION (firm)

Name of Sponsoring Broker (firm):	Sponsoring Broker Address (Street, City, State, Zip Code):
Sponsoring Broker License Number (firm):	
Email Address:	

### PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. Name and address of Bank or recognized Depository (any bank or Savings and Loan Association insured by the FDIC)

Name and address of Bank or recognized Depository:

### Specific Special Account(s) to be Examined and Audited

Title(s) of Special Account(s) at this Depository:	Account Number(s)	Identifying Number(s) Required by IRS (FEIN or Social Security No.)

### List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account(s)

Name	License Type	License Number

I hereby authorize the above-named depository to allow, at any time, a duly authorized representative of the Illinois Department of Financial and Professional Regulation to examine and audit the above-named special account(s). I further consent, as a condition of licensure, to the examination and audit by the Department of all escrow accounts, whether or not the account is identified on this form. (68 Ill. Adm. Code 1450, Section 750 (m)).

Signature of Sponsoring Broker \_\_\_\_\_ Printed Name of Sponsoring Broker \_\_\_\_\_ Date \_\_\_\_\_