



APPLICATION FOR A REAL ESTATE OFFICE LOCATION/BRANCH

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

477

Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
FPR.RealEstate@illinois.gov

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act 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.

INSTRUCTIONS FOR FILING

Type of Firm: Corporation Partnership Independent Broker Limited Partnership
 Limited Liability Company

1. Type or print legibly. **NO FEE REQUIRED.**
2. The Consent to Examine and Audit Special Accounts form must be properly completed in the principal office name.
3. The name of the Office Location/Branch shall be the same as that of the principal office.
4. Submit the completed and signed application to FPR.RealEstate@illinois.gov.

1. Name of Principal Office		2. License Number of Principal Office	
3. Address of Principal Office (Street, City, State and Zip Code)		Email Address of Principal Office:	
4. Name of Designated Managing Broker of Office Location/Branch		5. License Number of Designated Managing Broker	
6. Address of Office Location/Branch (Street, City, State and Zip Code)			
7. Branch Office Telephone Number		8. Principal Office Telephone Number	

I hereby certify that I personally completed this application, that the answers are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this firm.

Signature of Designated Managing Broker of Principle Office

Date



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

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

Important Notice: Completion of this form is necessary to comply with the requirements outlined in the Illinois Real Estate License Act of 2000 (225 ILCS 45) and corresponding Administrative Rules (68 Ill. Adm. Code. 1450). Disclosure of this information is REQUIRED.

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 _____