INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR BROKERAGE FIRM

- When listing the officer, owners, co-owners, partners or members of the brokerage firm who actively engage in the real estate business, **DO NOT** list all licensees to be associated with the firm. This space is **ONLY** for those who are owners, members or officers of the firm. Also, a Mississippi salesperson **CANNOT** be an owner, co-owner, partner or member of the brokerage firm. All owners, co-owners, partners or members of the brokerage firm must either be licensed as brokers in Mississippi, or **NOT** hold any Mississippi real estate license.

- If the firm is a corporation or LLC, it **MUST** be registered and in good standing with the Mississippi Secretary of State’s office before it can be licensed by MREC.

- If you plan to operate the company from your home, you must send a copy of a privilege license from the city or county (if you are not in the city limits). If you are in a covenanted subdivision, we will need a copy of the covenants showing home businesses are allowed, or a letter from the HOA granting you approval to operate a business from your home.

BEFORE MAILING, BE SURE THE FOLLOWING HAVE BEEN ADDRESSED:

- Application **MUST** be typed or printed. If it is printed, be sure handwriting is VERY CLEAR. MREC is not responsible for any misprints due to illegible handwriting.

- **ALL** questions have been answered in their entirety.

- The application fee is included.
APPLICATION FOR BROKERAGE FIRM

Unless all questions are fully answered, application will be returned for correction. (Type or Print CLEARLY)

Name of Brokerage Firm _____________________________________________________________

Primary Business Address __________________________________________________________

__________________________________________________________________________________________________

City                       County                 State  Zip  Telephone

Give the name, titles, addresses, and license numbers of the officers, owners, co-owners, partners or members of the brokerage firm who actively engage in the real estate business.

__________________________________________________________________________________________________

Name     Address              License Number

__________________________________________________________________________________________________

Name     Address              License Number

__________________________________________________________________________________________________

Name     Address              License Number

Brokerage firm will be licensed as:  [   ] Corporation [   ] LLC   [   ] Partnership [   ] Sole Proprietorship

Have any of the named officers, owners, co-owners, partners or members of the brokerage firm ever been denied a real estate license? YES __________     NO __________

Has the brokerage firm ever been a defendant in a civil or criminal court proceeding or has anyone ever obtained a judgment against the firm?   YES  __________     NO __________

AFFIDAVIT
(Read Carefully)

The undersigned, being the Responsible Broker of _____________________________________
a Mississippi company, acting for and on behalf of the company with authority to do so, in making this application to the Mississippi Real Estate Commission for license to carry on the business of real estate broker under the provisions of Chapter 73-35 of the Mississippi Code of 1972 annotated, swears (or affirms) that he or she has read and is thoroughly familiar with the provisions of the aforementioned Act, the Rules and Regulations issued by the Commission, and agrees to comply fully with them. The undersigned further swears (or affirms) that all of the information given in this application is true and correct to the best of his or her knowledge and belief.

Name of Company ________________________________________________________________

Responsible Broker’s name - printed ____________________________

Signature of Responsible Broker ________________________________________________

Subscribed and sworn to before me, this the ____________________ date of _________________, 20 ______.

My Commission Expires _________________________________________________________

________________________________________

Notary Public

County                  State