

# INSTRUCTIONS FOR COMPLETING THE BRANCH OFFICE LICENSE APPLICATION

**NOTE:** This form is ONLY to be used when a company is opening a SECOND office (AKA: satellite office). If the COMPANY does not already have a license in Mississippi, a branch office CANNOT be opened.

**Questions 1 – 3:** This information is for the broker's name, the current location of the primary company license, and the company name.

**Question 4:** This is the address and information for the NEW BRANCH location being applied for. A residential address is NOT acceptable.

**Question 5:** The MANAGING broker and the RESPONSIBLE broker can ONLY be the same IF the new branch office is WITHIN a 50 mile/1 hour drive radius of the current main company location. If the distance is GREATER, the responsible broker MUST have an associate broker licensee to place in the new branch office to act as the managing broker for that location.

**Questions 6 – 8:** Should be self-explanatory.

**Question 9:** This is the RESPONSIBLE broker's license information only.

## 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.
- A branch office **MUST** have at least **ONE** other licensee at that location other than the responsible broker in order to become a licensed branch. If the broker wishes to transfer a current agent from the primary or another branch location to the new one, the broker may request the transfer by a separate letter (to be attached to this application) signed and notarized requesting to move the named licensee from (specify current location) to the new branch office. **THE ORIGINAL WALL LICENSE AND A \$50.00 TRANSFER FEE MUST BE INCLUDED.** If the licensee to be in the new branch office is transferring to the broker and firm from another responsible broker, complete the appropriate broker or salesperson transfer application, return the original license, and include the \$50.00 transfer fee.
- The application must be notarized and must be received by MREC within 60 days of the notary date.



# Mississippi Real Estate Commission

LeFleur's Bluff Tower, Suite 300  
4780 I-55 North, Jackson, MS 39211

OR

Post Office Box 12685  
Jackson, MS 39236-2685  
(601) 321-6970 – Telephone \* (601) 321-6955 – Fax

[www.mrec.ms.gov](http://www.mrec.ms.gov)

**\$50.00 FEE**

## BRANCH OFFICE LICENSE APPLICATION

*(Application will NOT be processed unless ALL questions are answered fully. Please type or print CLEARLY.)*

1. Name of Applicant \_\_\_\_\_
2. Business Address \_\_\_\_\_  
*(Number & Street) (City/State) (Zip Code)*
3. Name of Firm or Partnership \_\_\_\_\_
4. Branch Office Address \_\_\_\_\_  
*(Street/Bldg/Suite Number) (City) (State) (Zip)*  
\_\_\_\_\_  
*(County) (Office Phone) (Other Phone) (Office Fax)*
5. (a) Name and License # of Managing Broker who will be in charge of this office. \_\_\_\_\_  
(b) Name and License # of Responsible Broker. \_\_\_\_\_
6. Name to be used in advertising and conducting business. \_\_\_\_\_
7. Do you understand the requirements of the real estate license law as to maintaining a definite place of business and prominent display therein of certificate of registration? \_\_\_\_\_ Yes \_\_\_\_\_ No *(if No, explain answer below)*  
\_\_\_\_\_
8. Do you certify that if granted a Branch Office License you will comply with these requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(if No, explain answer)* \_\_\_\_\_
9. Date original Broker's license secured \_\_\_\_\_ License Number \_\_\_\_\_

### AFFIDAVIT (Read Carefully)

The undersigned, in making this application to the Mississippi Real Estate Commission (Commission) for license to carry on the business of a real estate broker under provisions of Section 73-35 of the Mississippi Code of 1972, as amended, swears (affirms) that he/she had read and is thoroughly familiar with the provisions of the aforementioned Act and Rules and Regulations of the Commission and agrees to comply fully with them. The undersigned further swears (affirms) that all of the information given in their application is true to the best of his/her knowledge and belief.

\_\_\_\_\_  
*Responsible Broker's name - print*

\_\_\_\_\_  
*Signature of Responsible Broker*

SUBSCRIBED and SWORN to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission expires \_\_\_\_\_  
*(County) (State)*

\_\_\_\_\_  
NOTARY PUBLIC