

Real Estate Board

BUSINESS ENTITY LICENSE/REINSTATEMENT APPLICATION

Note: A Company cannot have a business entity license and a firm license.

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed [credit card insert](#) must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select one the of following:

x	Method of Licensure	Fee	Trans
<input type="checkbox"/>	Initial/New Business Entity	\$210.00	1021
<input type="checkbox"/>	Reinstatement* of Expired Business Entity	\$195.00	4020

* If the business entity has been expired for more than 1 year, a new business entity license is required.

1. Have you ever held a Business Entity license with the Virginia Real Estate Board?

No ☐

Yes ☐ If yes, provide your license number and expiration date below:

VA License Number

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 Expiration Date _____

2. Business Entity Name _____

3. Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____

[▲] *All sole proprietorship business entities with a fictitious name must attach a copy of the certificate filed with the Clerk of the Court in the locality where business entity will be conducted.*

4. Type of business entity (select only **one**)

☐ Sole Proprietorship (Non-Broker Owned) ☐ General Partnership[★] ☐ Other, please specify: _____

☐ Limited Partnership[♦] ☐ Corporation[♦] _____

☐ Limited Liability Company[♦] ☐ Association _____

State Corporation Commission Number: _____

♦ If your business is a **corporation**, **limited liability company**, or **limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission (**including out of state businesses**). For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

★ General Partnerships should attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission (SCC).

BOARD USE ONLY	SCC		ISSUE DATE	ACTIVE	TRADE NAME REGISTERED	DATE
				No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	0226	FILE #/LICENSE #
						ISSUE DATE

5. Select **one** of the following and provide the information for the business entity below.

☐ Business Federal Employer Identification Number (FEIN)*

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Federal Employer Identification Number (12-3456789)

* State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

☐ Sole Proprietor's Social Security Number *or*

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Social Security or Virginia DMV Number (123-45-6789)

☐ Sole Proprietor's VA Department of Motor Vehicles Control Number *

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. E-mail Address

(This email address must be unique to this entity.)

7. Firm/Sole Proprietorship Information with whom your license will be **active**:

A. Firm/Sole Proprietorship Name

B. Trade, "Doing Business As" (DBA) or Fictitious Name

C. Firm/Sole Proprietor's Virginia Real Estate License Number:

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DO NOT INCLUDE DASHES (1234567890)

D. Firm/Sole Proprietor's Mailing Address

City

State

Zip Code

E. Firm/Sole Proprietor's E-mail Address

F. Firm/Sole Proprietor's Contact Numbers

Telephone

Alternative

Fax

G. Firm/Sole Proprietor's Principal Broker's Name:

Last

First

Middle

Generation

H. Principal Broker's Virginia Real Estate License Number:

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DO NOT INCLUDE DASHES (1234567890)

8. Provide the following information for each licensed individual who will be receiving compensation through the business entity named on this application:

By signing this application I/we, the undersigned, certify that the foregoing statements and answers are true, and I/we have not suppressed any information that might affect the Board's decision to approve this application. I also certify that I/we understand, and have complied with, all the laws of Virginia related to real estate licensure under the provisions of Title 54.1, Chapter 21 of the *Code of Virginia* and the *Real Estate Board Regulations*.

Name	Social Security No or VA DMV Control No.	VA Real Estate License Number	Signature

9. Principal Broker's Statement

I, the firm's Principal Broker or Supervising Broker, hereby acknowledge that the licensee(s) named on this application for the Business Entity License are affiliated with my firm as real estate agent(s).

Principal Broker's Signature _____ Date _____

or

Supervising Broker's* Signature _____ Date _____

Supervising Broker Virginia Real Estate License Number:

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DO NOT INCLUDE DASHES (1234567890)

* If the Supervising Broker listed above is an individual receiving compensation through the Business Entity, the Principal Broker must sign this application.