

IOWA REAL ESTATE COMMISSION
200 E. Grand, Suite 350, Des Moines, Iowa 50309
Phone: (515) 725-9022
www.plb.iowa.gov
realestatecommission@iowa.gov

BUSINESS APPLICATION

The information you provide will be open for public inspection under Iowa Code Section 22.11.

This application form is for use by a partnership, association, corporation, professional corporation and professional limited liability companies and must be prepared by a broker partner or broker officer of the partnership or corporation. The above entities are required to obtain a business license with the Iowa Real Estate Commission prior to providing real estate services. To obtain a business license at least one partner, officer or member must have/obtain an Iowa brokers license and **must include legal documentation of proof of partnership, officer or member in the entity.** (Examples of proof are certified minutes, Articles of Incorporation, Articles of Organization, etc.) **ALL CORPORATIONS/PARTNERSHIPS/LLCS MUST HAVE ERRORS & OMISSIONS INSURANCE IN IOWA AND PROVIDE PROOF OF THE COVERAGE WITH THIS APPLICATION.**

In compliance with the provisions of Chapter 543B, Code of Iowa, I/we hereby make application for a license authorizing this firm to engage in the business of Real Estate Broker, and in support of the application make the following statements:

1. FIRM NAME: _____
2. LICENSE #: (if reinstating) _____ TAX ID #: _____
3. BUSINESS ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP CODE) (TELEPHONE)

4. NAME OF BROKER IN CHARGE: _____

5. IOWA LICENSE NUMBER OF BROKER IN CHARGE: B _____

6. List names and titles of all Iowa licensed broker officers, broker partners or broker members and attach legal proof of titles:

7. **RETURN ALL LICENSES WITH THIS APPLICATION, if applicable.** They **MUST** be assigned to the firm license.

8. IF A TRUST ACCOUNT IS REQUIRED PURSUANT TO IOWA CODE 543B.46, A CONSENT TO EXAMINE FORM MUST BE COMPLETED (SIGNED BY THE BANK) AND ATTACHED TO THIS FORM. IF A TRUST ACCOUNT IS NOT NEEDED AT THIS TIME, A TRUST ACCOUNT AFFIDAVIT MUST BE SIGNED AND ATTACHED TO THIS FORM.

9. This application is for the purpose of procuring an Iowa Real Estate License and it is certified that there has not been any violations of the provisions of Chapter 543B, Code of Iowa, of the license law of any state.

The undersigned hereby promises and agrees in good faith to fully comply with the laws of Iowa, and the rules of the Real Estate Commission.

STATE OF _____)
COUNTY OF _____)

**APPLICANT MUST SIGN AND
ACKNOWLEDGE THIS AFFIDAVIT**

I HEREBY CERTIFY that I have not violated the provisions of the license laws of any state other than violations revealed in this application. I **FURTHER CERTIFY** that I have reviewed and am familiar with and will be bound by the Iowa license law and rules of the Commission, and that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief.

Subscribed and sworn before me this _____ day of _____

Applicant's Signature

Signature of Notary Public

Date

Date

NONRESIDENT'S CONSENT

I HEREBY APPOINT the Chairperson of the Iowa Real Estate Commission of the State of Iowa as our agent in the State of Iowa upon whom process or pleadings may be served for and on our behalf as registered agent within the meaning of Chapter 543B.23, Code of Iowa. Such appointment shall be deemed to be and is irrevocable.

APPLICANT'S SIGNATURE _____ DATE _____

<u>FEES</u>	<u>TYPE OF PAYMENT</u>
<input type="checkbox"/> \$170. Firm License <input type="checkbox"/> \$170. Reinstatement Expired Firm License* <input type="checkbox"/> \$50. Add. Broker officer	<input type="checkbox"/> Check or money order enclosed payable to: Iowa Real Estate Commission <input type="checkbox"/> Please charge my ___ MasterCard ___ Visa ___ Discover (These are the only credit cards accepted) Credit Card Number _____ Exp. Date MM/YY _____ _____ Name on card <i>(please print)</i> Signature

*To reinstate an expired Corporation/LLC/Partnership, the Federal I.D. number must be the same as what it was before it expired.

CONSENT TO EXAMINE AND AUDIT TRUST ACCOUNT

IOWA REAL ESTATE COMMISSION
200 E. GRAND, SUITE 350
DES MOINES, IOWA 50309

(NAME OF SOLE PROPRIETOR, PARTNERSHIP, OR CORPORATION FILING THIS FORM)

having filed an application for a real estate broker license or being a holder of a broker license in compliance with Chapter 543B.46, Code of Iowa, 1993, does register with the Iowa Real Estate Commission as the depository in which applicant now maintains a real estate trust account in which the broker shall deposit all down payments, earnest money, rentals, or other trust funds received by said broker, or the broker associate or salesperson of said broker, on behalf of their principals or any other persons pending the consummation or termination of the transaction. The account is carried with said depository under the following account name and number:

_____, Iowa
(NAME OF DEPOSITORY)* (CITY)

TRUST ACCOUNT**
(EXACT NAME OF ACCOUNT ACCORDING TO DEPOSITORY RECORDS) (ACCOUNT NUMBER)

_____ does hereby covenant and agree to authorize
(NAME OF SOLE PROPRIETOR, PARTNERSHIP OR CORPORATION FILING THIS FORM)

_____ to allow at any time any duly authorized representative
(NAME OF DEPOSITORY)

of the Iowa Real Estate Commission to examine and audit the aforementioned trust account.

Executed at _____, _____ this _____ day of _____, 20_____.
(CITY) (STATE)

This account is:

- Interest bearing with interest to be transferred to treasurer of state.
- Interest bearing with interest to buyer and/or seller or property owner by written agreement.
- Non-interest bearing property management account.

(SIGNATURE OF SOLE PROPRIETOR)

(SIGNATURE OF LICENSED OFFICER OR PARTNER)

(SIGNATURE OF LICENSED OFFICER OR PARTNER)

CERTIFICATION OF DEPOSITORY

The undersigned, a duly authorized official of said depository, on behalf of said depository, does hereby certify that the above applicant or licensee does maintain a real estate trust account as set forth above and agrees that said depository will allow a duly authorized representative of the Iowa Real Estate Commission to examine and audit the aforementioned real estate trust account upon demand.

Executed at _____, _____ this _____ day of _____, 20_____.
(CITY) (STATE)

(SEAL OF DEPOSITORY)

(NAME OF DEPOSITORY)

(SIGNATURE AND TITLE OF DEPOSITORY OFFICER)

*TRUST ACCOUNT MUST BE IN A BANK, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK OR CREDIT UNION LOCATED IN IOWA

**TRUST ACCOUNT MUST BE PART OF THE TITLE OF THE ACCOUNT

The information you provide will be open for public inspection under Iowa Code

TRUST ACCOUNT STATUS AFFIDAVIT

IOWA REAL ESTATE COMMISSION
200 E. GRAND, SUITE 350
DES MOINES, IOWA 50309

Iowa Real Estate Commission Administrative Rule 193E--13.1(5) states as follows:

"13.1(5)(a) If a broker does not expect to receive trust funds, the broker shall file an affidavit with the Commission on a form prescribed by and available from the Commission."

Administrative Rule 193E--1.27(5) further states:

"13.1(5)(b) If trust funds are received by the broker after filing an affidavit, the broker must immediately open a trust account and file the appropriate Consent to Examine and Audit Trust Account Form with the Commission.."

I HEREBY CERTIFY that as an Active Broker I do not expect to receive trust funds in the course of my business; therefore, I do not wish to maintain an open trust account. I understand a Consent to Examine form will be filed with the Commission at such time as a trust account is opened.

* * * * *

(Signature of Broker)

(Broker License Number)

(Print Name of Broker)

(Current Business Address)

(City) (State) (Zip Code)

Executed this ____ day of _____, 20 ____.

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TRADENAME APPLICATION

The information you provide will be open for public inspection under Iowa Code Section 22.11.

1. FIRM/SOLE PROPRIETOR NAME _____
2. FIRM/SOLE PROPRIETOR LICENSE # _____
3. TRADENAME _____
4. AUTHORIZING BROKER SIGNATURE _____

NOTE: The expiration date of the tradename will be the same as the firm/sole proprietor's expiration date.

<u>FEES</u>	
\$50	New Tradename
\$50	Reinstate Expired Tradename*

*Tradename must be issued exactly the same as it was before the license expired.

<u>TYPE OF PAYMENT</u>	
Check or money order enclosed payable to: Iowa Real Estate Commission	
Please charge my MasterCard Visa Discover (These are the only credit cards accepted)	
Credit Card Number _____	Exp. Date MM/YY _____
_____ Name on card <i>(please print)</i>	_____ Signature