



NORTH DAKOTA REAL ESTATE COMMISSION
1110 College Dr. Suite 207
Bismarck, ND 58501-1207
701-328-9749

FOR OFFICIAL USE
Date seals sent: _____
Date posted: _____
Receipt No. _____

Corporation or Partnership License Renewal for 2018

Deadline for renewal is November 15, 2017.

Fee: \$150.00

Failure to answer ALL questions will result in delayed processing and late fees.

Section 43-23-13.1 of the North Dakota Real Estate License Law provides that all real estate licenses shall expire on the thirty-first day of December of each year. Failure to remit this annual renewal application and fee when due will automatically cancel such license.

1. Name of partnership, corporation, LLC, or LLP:				
2. Address of partnership, corporation, LLC, or LLP:	Street address	City/County	State	Zip Code+4
3. Mailing address (if different):	P.O. Box	City	State	Zip Code+4
4.	License number:	Business phone:	Business fax:	
5.	Email address (please print clearly):			
6.	Web site (please print clearly):			

7. Firm operates as a: ☒ Corporation ☒ Partnership ☒ LLC ☒ LLP

8. Name of broker designated to act on behalf of this firm: _____

9. Do you operate a branch office? ☐ Yes ☐ No

10. Branch Office address(s): _____

11. During 2017, have any disciplinary actions been instituted against the firm or any officer or member; has any officer or member been convicted of any felony; or has any officer or member been convicted of a misdemeanor involving theft, forgery, embezzlement, obtaining money under false pretenses, or other similar offense? IF YOUR ANSWER IS "YES" YOU MUST ATTACH DETAILS TO THIS APPLICATION. Failure to accurately furnish the information is grounds for denial or revocation. ☐ Yes ☐ No

12. If applicant is a CORPORATION, give name and complete address of each of its officers **ONLY** if there have been any changes since last reported:

President:	Street address:	City	State/Zip code + 4
Vice President:	Street address:	City	State/Zip code + 4
Secretary:	Street address:	City	State/Zip code + 4
Treasurer:	Street address:	City	State/Zip code + 4

13. If applicant is a PARTNERSHIP, LLC or LLP, give name and complete address of each member **ONLY** if there have been any changes since last reported:

Name:	Street address:	City	State/Zip code + 4
Name:	Street address:	City	State/Zip code + 4
Name:	Street address:	City	State/Zip code + 4
Name:	Street address:	City	State/Zip code + 4

I certify that I have read this application and that the above information is true and correct.

Dated: _____ Signature: _____
(Corporate Officer or Partner)