



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
MISSOURI REAL ESTATE COMMISSION
**APPLICATION FOR LICENSE/
 INFORMATION CHANGE**

3605 MISSOURI BOULEVARD
 P.O. BOX 1339
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE (573) 751-2628
 FAX (573) 751-2777
 realestate@pr.mo.gov
 www.pr.mo.gov/realestate.asp

FOR MREC USE ONLY				
TYPE OF LICENSE				
SAL	BRK	BRO	BRA	BRP
BRS	INB	IAS	PCB	PCS
NEW BROKER NAME				
DATE		FEE		

SECTION 1A ALL APPLICANTS MUST COMPLETE THIS SECTION

NAME OF APPLICANT		LICENSE NUMBER OR SSN
RESIDENCE ADDRESS (NUMBER, STREET, PO BOX, CITY, STATE, ZIP CODE)		
HOME PHONE (INCLUDE AREA CODE)	CELL PHONE (INCLUDE AREA CODE)	PERSONAL EMAIL ADDRESS

SECTION 1B ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS, SIGN & DATE. IF YES, EXPLAIN ON A SEPARATE SHEET.

- A. Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution in this state, or any other state, or of the United States, whether or not sentence was imposed? **NOTE: This includes Suspended Imposition of Sentence, Suspended Execution of Sentence, misdemeanor and felony convictions, and alcohol related offenses, i.e. DWI and BAC. Check yes if NOT previously disclosed to this Commission** and provide the date of the conviction and/or pleading, nature of the offense, court location, and case number on a separate sheet.
- YES NO
- B. Have you ever had a real estate application denied or your real estate license suspended, revoked, placed on probation, or otherwise disciplined in Missouri or any other state or jurisdiction? **Check yes if NOT previously disclosed to this Commission** and provide name of state or jurisdiction, reason for denial or discipline and approximate dates on a separate sheet.
- YES NO

I hereby authorize the Missouri Real Estate Commission, to release and/or discuss information contained in my application with the Designated Broker and/or the brokers that have provided their signature(s) in Sections 2A and 2B.

ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF APPLICANT	DATE
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SECTION 1C INDICATE CHANGE BEING REQUESTED AND SUBMIT APPLICABLE FEE. THE NUMBERED ITEMS IN THIS SECTION CORRESPOND WITH THE NUMBERED INSTRUCTIONS ON THE REVERSE SIDE.

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| <p>1. <input type="checkbox"/> Transfer Salesperson or Broker-Salesperson license to another Broker. Fee: \$50.00</p> <p>2. <input type="checkbox"/> Place license on inactive status. Fee: \$50.00</p> <p>3. <input type="checkbox"/> Reactivate Salesperson license. Fee: \$50.00</p> <p>4. <input type="checkbox"/> Change status to Broker-Salesperson. Fee: \$50.00</p> <p>5. <input type="checkbox"/> Change status to Individual Broker. (Section 2B <u>must</u> be completed.) Fee: \$50.00</p> <p>6. <input type="checkbox"/> Change status to or transfer. Fee: \$50.00
 <input type="checkbox"/> Broker-Officer <input type="checkbox"/> Broker-Associate <input type="checkbox"/> Broker-Partner
 NOTE: Each broker-officer, broker-associate, or broker-partner licensed in Missouri MUST retain a comparable position/title within the firm.</p> <p>7. <input type="checkbox"/> Obtain additional license. Fee: \$50.00
 <input type="checkbox"/> Broker <input type="checkbox"/> Broker-Officer <input type="checkbox"/> Broker-Associate <input type="checkbox"/> Broker-Partner
 NOTE: Each broker-officer, broker-associate, or broker-partner licensed in Missouri MUST retain a comparable position/title within the firm.</p> <p>8. <input type="checkbox"/> Change of status from. Fee: \$50.00
 <input type="checkbox"/> Professional Corporation Salesperson to Salesperson
 <input type="checkbox"/> Professional Corporation Broker-Salesperson license to Broker-Salesperson</p> <p>9. <input type="checkbox"/> Replace lost, stolen or destroyed license. Complete Section 1A, 1C and 2B. Fee: \$25.00</p> <p>10. <input type="checkbox"/> Remove licensee from Broker's or entity's affiliation. No fee required. Complete Section 1A, 1C and 2A.</p> <p>11. <input type="checkbox"/> Reinstatement of Suspended License. Fee: \$50.00</p> | <p>12. <input type="checkbox"/> Change name of Corporation, Partnership or Association. Resident fee \$80.00; Nonresident fee \$150.00. Complete Section 1A with former name and Section 2B with new name.</p> <p>13. <input type="checkbox"/> Add, cancel, or renew fictitious name or trade name. Provide name and mark appropriate box below. Attach copy of approved registration from the Secretary of State's office. If using trade name, attach copy of complete signed agreement.</p> <p style="text-align: center;"><input type="checkbox"/> New <input type="checkbox"/> Cancel <input type="checkbox"/> Renewal</p> <p>14. <input type="checkbox"/> Branch office notification. Sections 1C and 2B must be completed by the broker or designated broker. Mark appropriate box and provide the following:</p> <p style="text-align: center;"><input type="checkbox"/> New/additional branch office <input type="checkbox"/> Change in branch office
 <input type="checkbox"/> Closing branch office <input type="checkbox"/> Change in branch manager</p> |
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BRANCH OFFICE MANAGER	LICENSE NO.
BRANCH OFFICE LOCATION	
PHONE NUMBER	FORMER BRANCH MANAGER (IF APPLICABLE)
FORMER BRANCH LOCATION (IF APPLICABLE)	

SECTION 2A	ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF FORMER BROKER	FORMER BROKER NAME, PRINTED OR TYPED	DATE
	NAME OF FORMER BROKER/ENTITY		BUSINESS PHONE (INCLUDE AREA CODE)
SECTION 2B	ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF NEW BROKER	NEW BROKER NAME, PRINTED OR TYPED Maryann Vitale Alles	DATE
	NAME OF NEW CORPORATION/PARTNERSHIP/ASSOCIATION/BROKER (DO NOT USE DBA/FICTITIOUS NAMES) Select Referrals of St. Louis LLC		MO BROKER/ENTITY LICENSE NO., IF APPLICABLE 2002010343
	BUSINESS ADDRESS (MAIN OFFICE ONLY) (NUMBER, STREET, CITY, STATE, ZIP CODE) 1650 Des Peres Rd Suite 205, St. Louis, MO 63131		BUSINESS PHONE (INCLUDE AREA CODE) (314) 835-6003
	BROKER'S E-MAIL ADDRESS (IN CASE OF TRANSFER APPLICATION REJECTION, BROKER'S E-MAIL ADDRESS IS REQUIRED SO THAT IMMEDIATE NOTIFICATION CAN BE PROVIDED.) mvitale@bhhsselectstl.com		