



Real Estate Agent/Broker & Property Manager Supplemental Application

Name: _____

Address: _____

1. During the past five years has the name of the applicant been changed, or has any other business been purchased, merged or consolidated with the applicant? If yes, please provide details. Yes___ No___

2. Staff (all principals and staff to be included only once. Please total across, then down for total staff.)

Description	Number of Licensed Agents/ Brokers	Years Licensed	Full Time	Part Time	Total
a) Principals (include all persons cited on Main application)					
b) Employed Salesman or brokers on salary or commission					
c) Independent Contractors on salary or commission					
d) Property Managers not including those listed in parts a),b) or c)					
e) Clerical					
f) Other Staff not listed before; describe:					
TOTAL:					

3. Gross Income from services: (Gross Income includes all fees and commissions before expenses)

a) Gross Income (projected) \$ _____
 b) Gross Income (current) \$ _____
 c) Gross Income (prior year) \$ _____

4. Services:

Description	Gross Income Last Year	Projected Gross Income	Number of Transactions
a) Residential Real Estate commissions			
b) Commercial Real Estate commissions			
c) Land and Lot Sales			
d) Residential Property Management fees and commissions			
e) Commercial Property Management fees and commissions			
f) Real Estate Appraisal fees			
g) Real Estate Leasing Fees (property not managed by applicant).			
h) Business Broker			
i) Auctioneering			
j) Mortgage Broker			
k) Mortgage Banker			
l) Other (describe)			
Total Gross Income:			

5. Does the firm or anyone in the firm sell, appraise, manage or lease properties constructed, developed or owned by the firm, anyone in that firm or a related firm? If yes, please provide details. Yes___ No___

6. Is the firm engaged in development, construction, or construction management? If yes, please provide details. Yes___ No___

7. Is the firm involved with the formation or management of group investments/syndications, trusts and/or partnerships? If yes, please provide details. Yes___ No___

Signed: _____
 Must Be Signed By an Executive Officer of the Parent Company

Dated: _____

Name: _____
 Please Print or Type