NEBRASKA REAL ESTATE COMMISSION
PO Box 94667
Lincoln, NE 68509-4667

Phone: 402-471-2004
Fax: 402-471-4492
Website: ***www.nrec.ne.gov***
E-mail: ***realestate.commission@nebraska.gov***

APPLICATION FOR REGISTRATION AS A LIMITED LIABILITY COMPANY

(Registration must be issued annually)

$25.00 Registration Fee
FEES ARE NOT REFUNDABLE

☐ **Will this limited liability company receive compensation from a designated broker for licensed activity.**

Please note: This form may also be used by salespersons or associate brokers to obtain a professional certificate. A designated or employing broker is only allowed to pay commissions to licensed individuals. Therefore, if salespersons or associate brokers desire their commissions paid to a professional limited liability company, all members and managers listed must be individual(s) who have a real estate license.

_____**Check here if this is the first filing for a new limited liability company**

Name of Limited Liability Company_____
(must be the exact name as reserved or filed with the Secretary of State)

Will Perform Professional Services at:_____
Street Address City State Zip

Professional service for which limited liability company is formed:_____

Telephone Number :(_____)_____

MEMBERS

This section must be completed. List all members of the limited liability company (use additional sheets if needed) and indicate if member will render professional services requiring licensure under Nebraska Real Estate License Act.

_____ _____

Full Name & License # (if applicable) Residence - Street Address, City, State, Zip
Will render professional services requiring licensure under the Nebraska Real Estate License Act _____Yes_____No.

_____ _____

Full Name & License # (if applicable) Residence - Street Address, City, State, Zip
Will render professional services requiring licensure under the Nebraska Real Estate License Act _____Yes_____No.

_____ _____

Full Name & License # (if applicable) Residence - Street Address, City, State, Zip
Will render professional services requiring licensure under the Nebraska Real Estate License Act _____Yes_____No.

(please complete reverse side)

MANAGER(S)

This section must be completed. List manager or managers of limited liability company (use additional sheets if needed) and indicate if manager(s) will render professional services requiring licensure under Nebraska Real Estate License Act.

_____ _____

Full Name & License # (if applicable) Residence - Street Address, City, State, Zip
Will render professional services requiring licensure under the Nebraska Real Estate License Act _____Yes_____No.

_____ _____

Full Name & License # (if applicable) Residence - Street Address, City, State, Zip
Will render professional services requiring licensure under the Nebraska Real Estate License Act _____Yes_____No.

_____ _____

Full Name & License # (if applicable) Residence - Street Address, City, State, Zip
Will render professional services requiring licensure under the Nebraska Real Estate License Act _____Yes_____No.

PROFESSIONAL EMPLOYEES

Professional employees must be licensed in Nebraska to practice the profession for which the limited liability company was organized. List all professional employees of the limited liability company who are required by the State of Nebraska to be licensed (use additional sheets if needed).

_____ _____
Full Name & License # (if applicable) Residence - Street Address, City, State, Zip

_____ _____
Full Name & License # (if applicable) Residence - Street Address, City, State, Zip

_____ _____
Full Name & License # (if applicable) Residence - Street Address, City, State, Zip

_____ _____
Full Name & License # (if applicable) Residence - Street Address, City, State, Zip

Submission of this Application for Registration as a Limited Liability Company verifies that all statements and information provided herein are true and correct and may be used as necessary by the Nebraska Real Estate Commission if furtherance of assuring compliance with the laws it regulates.

DATE _____

SIGNATURE OF MEMBER OR MANAGER:_____

NAME & TITLE OF MEMBER/MANAGER:_____
Please Print or Type

CREDIT CARD PAYMENT OPTION: REMINDER - FEES ARE NOT REFUNDABLE

(Please note: debit cards are not accepted)

_____ Please charge my credit card for only this transaction. _____VISA _____MasterCard _____Discover

Credit Card Number_____

Card Expiration Date: Month _____ Year _____

Cardmember's Signature_____