



## **COMMUNITY ASSOCIATION MANAGEMENT FIRM APPLICATION**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

320 West Washington Street, 3<sup>rd</sup> Floor

Springfield, IL 62786

[fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov)

291

### **GENERAL**

A fully-completed application is required to become a licensed **COMMUNITY ASSOCIATION MANAGEMENT FIRM (291)**. Applicant must pay the application fee of \$650. (Make check or money order payable to the Illinois Department of Financial and Professional Regulation.) The application fee must accompany this application and is **NON-REFUNDABLE**.

### **APPLICATION INSTRUCTION**

#### **Part I: Entity Information**

##### **For Corporations:**

- **All Corporations** – Submit a filed copy of the Articles of Incorporation bearing the seal of the office in the jurisdiction in which the corporation is organized.
- **Foreign Corporations** (those incorporated in States other than Illinois) – In addition to the above, submit a copy of the Certificate of Authority to transact business in Illinois issued by the Illinois Secretary of State.
- Provide a list of all officers of the corporation and the license number for each officer licensed as a Community Association Manager in Illinois.
- A Federal Employer Identification Number (EIN) is required.
- Identify the licensed and Designated Community Association Manager for the corporation and provide their Community Association Manager license number.

##### **For Limited Liability Companies:**

- **Illinois LLCs** – Submit a copy of the Articles of Organization filed with the Illinois Secretary of State.
- If the LLC is member-managed, a list of all members and the license number for every member who is licensed as a Community Association Manager in Illinois.
- If the LLC is manager-managed, a list of all managers and the license number for each manager who is licensed as a Community Association Manager in Illinois.
- If a member of the LLC is an entity, provide the name and license number for any licensed Community Association Managers who are owners, officers, managers, members, or partners of the entity.
- A Federal Employer Identification Number (EIN) is required.
- Identify the licensed and Designated Community Association Manager for the LLC and provide their Community Association Manager License number.
- **Foreign LLCs** (those organized in States other than Illinois) – Submit a filed copy of the Articles or Organization and a copy of the Application for Admission To Transact Business endorsed by the Illinois Secretary of State.

##### **For Partnerships (LP or LLP):**

- The name of the partnership and an affidavit that the partnership has been legally formed.
- The names of all limited partners or limited liability partners and the license number for each limited partner or limited liability partner. If the limited partner or limited liability partner is an entity, provide the name and license number for any Community Association Managers who are owners, officers, managers, members, or partners of the entity.
- The names of all general partners and the license number for each general partner who is licensed as a Community Association Manager in Illinois and their license number.

##### **For Partnerships (continued):**

- Filed copy of the Letter of Authorization from the Illinois Secretary of State, (if applicable, or, if a foreign limited partnership or limited liability partnership, a copy of the Application for Admission To Transact Business endorsed by the Illinois Secretary of State.
- A Federal Employer Identification Number (EIN) is required.
- Identify the licensed and Designated Community Association Manager for the partnership and provide their Community Association Manager license number.

##### **Assumed Name (DBA):**

- If an assumed name is to be used, a certified copy of the assumed name certificate issued pursuant to the Assumed Business Name Act (805 ILCS 405).

### **REQUIRED INFORMATION**

#### **PART II: Special Accounts and Insurance**

- Confirm whether applicant Community Association Management Firm is the custodian of any Association Accounts.
- Provide the average number of Association Accounts the applying Community Association Management Firm handled over the most recent calendar year.
- Confirm whether applicant Community Association Management Firm maintains crime/fidelity insurance for Association Accounts with respect to which it acts as custodian.

### **APPLICATION CERTIFICATION**

#### **PART III: Authorized Signature and Certification**

### **APPLICATION EXPIRATION**

**THIS APPLICATION IS VALID FOR ONE YEAR FROM THE DATE IT IS RECEIVED.**

A Community Association Management Firm license issued as a result of this application will expire on August 31 of odd numbered years. **Licenses first issued in 2023 shall expire August 31, 2025.** Please send your completed application and application fee to the following address:

Illinois Department of Financial and Professional Regulation  
Division of Real Estate  
320 W Washington, 3<sup>rd</sup> Floor  
Springfield, IL 62786

For general licensing inquiries, please contact IDFPR at  
[fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov)

**Community Association Management Firms must remain in active status and in good standing in accordance with the requirements of the jurisdiction where they are incorporated or organized and must remain authorized to transact business in the State of Illinois.**

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under the Illinois Community Association Manager Licensing and Disciplinary Act. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

# Application for Licensure COMMUNITY ASSOCIATION MANAGEMENT FIRM

## GENERAL INSTRUCTIONS

Carefully follow the steps outlined on the instruction sheet for each section of the application. Type or print legibly with blue or black ink. The application must be completed in its entirety. If an area is not applicable, please indicate as "N/A". Incomplete applications or applications completed that do not comply with the instructions will be returned to the applicant. **THE APPLICATION FEE MUST ACCOMPANY THE APPLICATION AND IS NON-REFUNDABLE.** This application expires one (1) year from the date it is received.

## PART I: Entity Information (Check the one box that best describes your entity type)

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic Corporation                             | <input type="checkbox"/> Foreign Limited Liability Company (organized outside Illinois) |
| <input type="checkbox"/> Foreign Corporation (organized outside Illinois) | <input type="checkbox"/> Partnership  |
| <input type="checkbox"/> Limited Liability Company (formed in Illinois)   |   |

Entity Name		Assumed Name (DBA), if applicable	
Address (Street, City, State, Zip Code)	FEIN Number:	Telephone Number:	
	Email Address:		

## Designated Community Association Manager:

Community Association Manager Name:	License Number:
Address (Street, City, State, Zip Code)	Telephone Number:
	Email Address:

## List all Owners, Officers, Members, Managers, General Partners, and Limited Partners, As Applicable

Name/Entity	Illinois License Number	Title (Officer, Partner, Member, Manager, etc.)	Provides CAM Services	
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO

**PART II: Special Accounts and Insurance**

Does the Community Association Management Firm act as Custodian of any Association Accounts? YES NO

If yes, provide the Average Number of the Association Accounts the Community Association Management Firm handled as Custodian during the most recent calendar year?

Does the Community Association Management Firm maintain Crime/Fidelity insurance for the Association Accounts as a Custodian? YES NO

**PART III: Authorized Signature and Certification**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I hereby consent that the application, and statements made within it, may be used as evidence by the Agency in matters of Administrative Law; or, by any court where a violation of Law is alleged. I understand that false statements may be used as evidence to deny this application or, to revoke or otherwise discipline any license issued on the basis of this application. I have read and understand the Law and Administrative Rules pertinent to Community Association Management Firm licensure and agree to comply with the standards as set forth in the Community Association Manager Licensing and Disciplinary Act and the Rules thereto. **I understand that the fee included with this application is non-refundable.**

\_\_\_\_\_  
Person Authorized To Sign On Behalf of the Entity Signature Date

\_\_\_\_\_  
Name of Authorized Person Title

\_\_\_\_\_  
Designated Community Association Manager Signature Date

\_\_\_\_\_  
Name of Designated Community Association Manager



# COMMUNITY ASSOCIATION MANAGEMENT FIRM ADDRESS(ES) OF RECORD CERTIFICATION

Illinois Department of Financial and Professional Regulation - Division of Real Estate  
 Division of Real Estate - Licensing Unit  
 320 West Washington Street, 3<sup>rd</sup> Floor  
 Springfield, Illinois 62786  
[FPR.REALESTATE@ILLINOIS.GOV](mailto:FPR.REALESTATE@ILLINOIS.GOV)

If a Community Association Management Firm maintains multiple offices under a single Community Association Management Firm license, the address of record and email address of record for all offices so maintained and a certification that the Community Association Management Firm's designated Community Association Manager shall assume all responsibilities and perform all duties required of a Designated Community Association Manager for all offices maintained by the Firm must be provided. (68 Ill. Adm. Code 1445.35 (a)(7)).

## COMMUNITY ASSOCIATION MANAGEMENT FIRM INFORMATION

Community Association Management Firm Name:	CAM Firm License # (if licensed):
Designated Community Association Manager Name:	DCAM License # (if licensed):

## COMMUNITY ASSOCIATION MANAGEMENT FIRM PRIMARY ADDRESS

Street Address (may not be a post office box):	City, State, Zip:
Email Address of Record:	

## ADDITIONAL OFFICE(S) FOR THE COMMUNITY ASSOCIATION MANAGEMENT FIRM

Office Street Address	City, State, Zip	Office Email Address

## ADDRESS OF RECORD AND DESIGNATED COMMUNITY ASSOCIATION MANAGER CERTIFICATION

This certifies the Community Association Management Firm's designated Community Association Manager assumes all responsibilities and performs all duties required of a Designated Community Association Manager for all offices maintained by the Community Association Management Firm.

Person Authorized To Sign On Behalf of the Entity Signature	Date
---	------

Designated Community Association Manager Signature	Date
--	------