



Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor
Jacqueline T. Williams, Director

Ohio Construction Industry Licensing Board Manufactured Home Annual Park Operator License Application

Please read instructions carefully before returning for processing.

- 1. Select type of license.
2. Verify all information listed is accurate and complete.
3. Sign and date the application. The application will NOT be processed without a signature.
4. If paying with check or money order, please make payable to Treasurer, State of Ohio.
5. Ensure completed application and full payment is received including a \$3.50 eLicense transaction fee by the stated deadline to avoid a 25 percent penalty being assessed.

\*\*LICENSE FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE\*\*

Park License Number #

Type of License (Select One)

Fee

Deadline to avoid a 25 percent penalty

ANNUAL LICENSE RENEWAL

\$150 BASE CHARGE + \$4.15 PER SITE

MUST BE RECEIVED BY DEC 31

NEW OWNER

\$150 BASE CHARGE + \$4.15 PER SITE

MUST BE RECIEVED WITHIN 30 DAYS OF OWNERSHIP

NEW DEVELOPMENT

\$150 BASE CHARGE+ \$4.15 PER SITE

MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO OPENING

Total due if application and payment is received by deadline listed above: \$

Section 1: Community Information (Please Print)

Name of Community: County:

Physical Address (No PO Boxes): City: State: ZIP:

Phone: Fax: E-mail:

Mailing Address of Community: Site Number (If

City: State: ZIP:

Correspondences such as inspection reports and renewal notices are to be sent to (Please Choose One):

Community Mailing Address Owner Mailing Address Other



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Number of Licensed Sites (Please list all lots on last page of form): \_\_\_\_\_ Year Built: \_\_\_\_\_

Do you sell or rent-to-own more than five manufactured homes in a 12-month period?  Yes  No

Do you or a third-party agency on your behalf bill the residents for water usage?  Yes  No

If yes:  Billed at a flat rate  Billed by usage

Is the water to the community supplied by the city or a well?  City  Well

**Section 2: Owner Information (Please Print)**

Name of Legal Entity Owning Community:	Phone:
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Name of Principle or Authorized Agent for Owner:	Fax:
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Mailing Address of Owner:	City:
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E-mail	State:	ZIP:
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Is the community owner or spouse a member or veteran of the US Armed Forces?  Yes  No

**Section 3: Community Manager Contact Information (Please Print)**

Name:	Daytime Phone Number:
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E-mail:	After Hours Phone Number:
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**Section 4: Acknowledgement and Signature**

I hereby certify that I am the authorized representative of the community listed above. I agree to abide by the rules pursuant to Ohio Revised Code 4781 that apply for this license, and all other rules pertaining to the installation of manufactured homes in this community. I understand that failure to abide by all applicable laws and rules will constitute a violation under my license and may result in fines, suspension and/or revocation of this license.

Applicant Signature:	Date:
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Public Information Disclosure: Pursuant to Chapter 149 of the Ohio Revised Code, please be advised that information submitted in this application may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated.



## Payment Information (For Office Use Only)

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Make checks payable to: Treasurer, state of Ohio

Mail to: Manufactured Homes Program - OCILB  
6606 Tussing Rd, PO Box 4009  
Reynoldsburg, OH 43068-9009

### Credit Card Information

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Type: MC    VISA    AMERICAN EXPRESS    DISCOVER

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Number: \_\_\_\_\_



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## OCILB Manufactured Home Park Inventory List (List All Lots Occupied and Vacant)

Date:	Name of Park:	Park Address:	
ADDRESS AND LOT #	COLOR(S)	MAKE AND YEAR	VACANT (Y/N)

Do you currently have any RV's in this park? \_\_\_\_Y\_\_\_\_N

If yes, identify above as RV.

Do you hold a RV/Campground license in this park? \_\_\_\_Y\_\_\_\_N