



Manufactured Home Park Operator License Application

Please read the instructions carefully before submitting the application for processing.

1. Select the 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 it payable to "Treasurer, State of Ohio."
5. To avoid the assessment of the 25 percent penalty, make sure to submit the completed application and full payment, including the **\$3.50 eLicense transaction fee**, prior to the applicable deadline.

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

Park License Number #

| Type of License (Select One) | Fee | Deadline to Avoid a 25% Penalty |
|------------------------------------|---|---|
| <input type="checkbox"/> New Owner | \$150.00 base charge + \$4.15 per site + \$3.50 eLicense fee | Must be received within 30 days of ownership |
| <input type="checkbox"/> New Park | \$150.00 base charge + \$4.15 per site + \$3.50 eLicense fee | Must be received at least 30 days prior to opening |

Total due if application and payment is received by applicable deadline: \$ _____

Section 1: Park Information (Please print)

| | | |
|--|------|---------|
| Name of Park: | | County: |
| Physical Address of Park (No P.O. Boxes) (Street, City, State, Zip Code): | | |
| Phone: | Fax: | E-mail: |
| Mailing Address of Park (Lot Number (if applicable), Street, City, State, Zip Code): | | |

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

Park Mailing Address Owner Mailing Address
 Other:

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 park supplied by the city or a well? City Well

Section 2: Owner Information (Please print)

| | |
|--|--------|
| Name of Legal Entity/Person Who Owns Park: | Phone: |
| Name of Authorized Agent for Owner: | Fax: |
| Mailing Address of Owner (Lot Number (if applicable), Street, City, State, Zip Code) | |
| E-mail: | |

Is the park owner or spouse a member or veteran of the U.S. Armed Forces? Yes No

Section 3: Park Manager Contact Information (Please print)

| | |
|---------|---------------------------|
| Name: | Daytime Phone Number: |
| E-mail: | After Hours Phone Number: |

Section 4: Acknowledgment and Signature

I hereby certify that I am the authorized representative of the park listed above. I agree to comply with the applicable statutes and rules in Chapter 4781 of the Ohio Revised Code and Chapter 4781-12 of the Ohio Administrative Code. I understand that the failure to comply with all applicable laws and rules will constitute a violation under my license and may result in fines, suspension, revocation, and/or the denial of the renewal of this license.

| | |
|----------------------|---------------------|
| Applicant Signature: | Date: |
| Name of Applicant: | Title of Applicant: |

Public Information Disclosure:

Please be advised that this form and any information provided in it may constitute a public record and may be publicly available upon request.

Payment Information (For Office Use Only)

_____ Check

Check Number: _____

Date: _____

Amount: _____

Make checks payable to: "Treasurer, State of Ohio"

_____ Credit Card

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Card Type: MC VISA AM. EXP. DISCOVER

Card Number: _____

Expiration Date: _____

CVV Number: _____

Mail to:

Manufactured Homes Program - OCILB

6606 Tussing Rd., P.O. Box 4009

Reynoldsburg, OH 43068-9009

