



FOR DIVISION USE ONLY

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Manufactured Home Dealer/Broker Renewal Application

Indicate Type of License:

- Manufactured Homes Dealer – Renewal (Can sell both new and used) – **Fee - \$253.50***
- Manufactured Home Broker – Renewal (Can sell used) – **Fee - \$253.50***
- Renewal Late Fee – **Fee - \$100.00**

Please type or print legibly. All fields are required.

Business Name (Located In Park? <input type="checkbox"/> Yes <input type="checkbox"/> No)				Business Phone Number ()
DBA or Fictitious Trade Name (If applicable)				Alternative Phone Number ()
Business Street Address				Fax Number ()
City	State	ZIP Code	County	Email Address

- Are you or one of your employees a licensed installer in Ohio? Yes No
- List the responsible party/installer in your dealership to ensure permit and installation compliance.

Broker/Dealer's License Number	Federal Tax I.D. or EIN Number	Vendor's Number (If applicable)
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- Does this dealership/brokerage have another location within this county? Yes No If yes, provide information below. Additional fees will apply (see Page 3). List additional locations on separate sheet.

Business Street Address (Located In Park? <input type="checkbox"/> Yes <input type="checkbox"/> No)			Email Address	
City	State	ZIP Code	Business Phone Number ()	Fax Number ()

4. Indicate style of business:

- Proprietorship Partnership Corporation Business Trust Limited Liability

*** \$3.50 eLicense system fee**

5. Please list officers of your organization below.

<input type="checkbox"/>	Partner	Last Name	First Name	MI
<input type="checkbox"/>	Vice President			
<input type="checkbox"/>	Trustee	Home Address	Social Security Number	
<input type="checkbox"/>	Director			
<input type="checkbox"/>	Member (Owning 10% or more)	City	State	ZIP Code
<input type="checkbox"/>				

<input type="checkbox"/>	Partner	Last Name	First Name	MI
<input type="checkbox"/>	Secretary			
<input type="checkbox"/>	Trustee	Home Address	Social Security Number	
<input type="checkbox"/>	Director			
<input type="checkbox"/>	Member (Owning 10% or more)	City	State	ZIP Code
<input type="checkbox"/>				

<input type="checkbox"/>	Partner	Last Name	First Name	MI
<input type="checkbox"/>	Treasurer			
<input type="checkbox"/>	Trustee	Home Address	Social Security Number	
<input type="checkbox"/>	Director			
<input type="checkbox"/>	Member (Owning 10% or more)	City	State	ZIP Code
<input type="checkbox"/>				

Any **NEW** members to your organization who are owners, all partners, president, all members owning 10 percent or more, and all trustees **MUST** be electronically fingerprinted and have results forwarded to the Division of Real Estate & Professional Licensing, 77 S. High Street, 20th Floor, Columbus, OH 43215. **Officers previously listed under the BMV do not need to be re-fingerprinted.**

Visit <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Locations> for a complete listing of electronic fingerprinting locations in Ohio.

Answer each of the following questions truthfully to the best of your knowledge.

6. **Dealers:** I, as the applicant, (A) affirm that the business listed on this application has a net worth of at least \$75,000 (Net worth = assets minus liabilities), AND (B) has a \$25,000 Surety Bond which will be maintained during the entire period for which the license is held. Yes No

Brokers: I, as the applicant, (A) affirm that I will maintain a special or bank trust account for the duration of my licensure, AND (B) I have a \$25,000 Surety Bond, which I will maintain during the entire period for which the license is held. Yes No

7. Has the applicant or any of the applicant's partners, officers, members, trustees or directors:

A. Been convicted of a felony since your last application? Yes No

B. Had a civil judgment rendered against you/him/her since the last application that resulted from doing business as a manufactured home dealer or broker, which remains unsatisfied today? Yes No

If you answered yes to either question **A** or **B** above, please provide the following information:

- 1) The court's journal entry showing the final disposition of the judgment;
- 2) The court of jurisdiction that decided the civil judgment;
- 3) That court's case number; and
- 4) The date the civil judgment was issued.

Any arrest that is found on the criminal background check that cannot clearly be identified will require journal entries showing final disposition. **Failure to submit this information will result in a delay in the processing of the application.**

8. Since your last application or renewal, has any business, other than a licensed manufactured home dealer, operated from this location? (This includes a business operating from the building your office is housed in, any other building on the dealership's lot, or from the lot itself.) Yes No

If yes, what type of business is sharing the location, what is its business name and what is its relationship to this manufactured home dealership? Please provide those answers on a separate sheet and submit with this application.

Business Name	License Number
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I also affirm that all statements in the foregoing application and in any attached sheets are true and correct and that I, as proprietor, a partner, officer, member or trustee, have authority to sign this application and to make the statements contained herein, and that I have read and understand the instructions and checklist (REPL-17-0023).

X
Date of Application

Signature (Owner, Partner, President, Member or Trustee)

Title

Printed or Typed Name of Signer

NOTARY:

Subscribed and sworn to before me this _____ day of _____ in the County of _____
State of _____.

(SEAL)

My Commission Expires _____

X
Notary Public

Make check payable to Division of Real Estate & Professional Licensing. Fees are as follows, and are non-refundable: (Please DO NOT send cash)

License Fee (Required)	@ \$253.50	\$253.50
Multiple Location Fee - Only within same county (If applicable)	@ \$125.00/each	
Late Fee (If applicable) Late fee will apply if application and payment is not postmarked <i>before</i> the expiration of the current license.	@ \$100.00	
NOTE: You must contact the Bureau of Motor Vehicles, Dealer Licensing for information on in-transit plates at 614-752-7636 or www.OhioAutoDealers.com .	Total fees due:	

"Public Information Disclosure: Pursuant to Ohio Revised Code 149, 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."