



## APPLICATION REQUIREMENTS FOR MANUFACTURED HOME RETAILER

### ADDITIONAL LOT/OUT OF STATE

#### **Required information for an additional lot location**

- Completed Manufactured Home Retailer Application
- Certificate of Insurance (w/ Office of Housing as Certificate Holder)
- Copy of Certified Installer Card or Certified Manager for the lot location  
(Installer must be an employee of dealership pursuant to Manufactured Home Regulations  
**NO CONTRACTORS**)
- Copy of Kentucky Sales & Usage Tax Permit
- Copy of Lease or Copy of Deed
- List of who filled out application with their social security #, and a home phone #
- General Manager & Service Manager's Name
- FEE **SEE PRO-RATED CHART ENCLOSED (AFTER INITIAL APPLICATION RENEWAL FEE WILL BE \$250.00) Payment Option Page enclosed.**

#### **Required information for Out-of-State Manufactured Home Retailers**

- Completed Manufactured Home Retailer Application
- Certificate of Insurance (see enclosure) w/ Office of Housing as a Certificate Holder)
- Copy of Certified Installer Card or Certified Manager for the lot location  
(Installer must be an employee of dealership pursuant to Manufactured Home Regulations  
**NO CONTRACTORS**)
- Copy of Kentucky Sales & Usage Tax Permit
- Copy of Lease or Copy of Deed
- Copy of your state's Manufactured Home Retailer License
- List of who filled out application with their social security #, and a home phone #
- General Manager & Service Manager's Name
- See pro-rated chart enclosed (after initial application renewal fee will be \$250.00) **Payment Option Page** enclosed)

DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405  
(502) 573-1795 FAX (502)573-1059

**Application for Manufactured Home Retailer's License**  
**Additional Lot/ Out of State**

This application must be completed in detail and typewritten. No application will be reviewed unless the instructions herein are complied with. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application.

Applicant, as used in this application, means an individual operating in his/her name or under an authorized assumed name; two or more partners operating as a partnership or under an authorized assumed name; the officers and directors of the corporation operating under the corporate name or authorized assumed name, and any person with an ownership interest in the proposed business. The Manufactured Home Certification and Licensure Board must approve this application.

All licenses, unless renewed, revoked or suspended shall expire on the birth month of the principle owner or the month of incorporation (whichever applies). **The initial license fee shall be prorated** (see chart enclosed). Upon **renewal** the fee will be \$250.00 annually.

1. Check Each Type of Home Sales Applicable:

New Manufactured Homes \_\_\_\_\_  
Pre-Owned Manufactured Homes \_\_\_\_\_  
Mobile Homes (*built prior to 1976*) \_\_\_\_\_  
Salvage Units ("*B2*" Seal) \_\_\_\_\_

2. Revenue Cabinet Sales Tax Permit Number \_\_\_\_\_ Fed Tax ID Number \_\_\_\_\_  
A copy of Kentucky Sales Tax permit must accompany application.

3. Give Name of Retailer \_\_\_\_\_  
Corporate Name if applicable \_\_\_\_\_

(A) All applicants (sole proprietors, corporations, partnerships, etc. wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate which can be obtained from the Secretary of State, along with proof of filing with the Secretary of State and county clerk.

(B) All corporations must furnish a copy of the Articles of Incorporation, along with proof of filing with the Secretary of State.

4. Credit Report- Obtain from Credit Agency. Persons needing to complete this information are: Sole Proprietors, General Partners in a Partnership and all Officers and Directors of a Corporation listed below:

5. Address of established place of business, as defined in KRS 227.550(5) and the applicable rules and regulations. (The mailing address and the actual address of the business must be the same). For mailing purposes, you may add a post office box number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Business Telephone # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email address: \_\_\_\_\_

1. Name of owner or partners (**all**). Owners, partners, or corporate officers indicate percent of business owned. The owners must equal 100%. If additional space is required, attach separate sheet.

\_\_\_\_\_ %                                  \_\_\_\_\_ %  
\_\_\_\_\_ %                                  \_\_\_\_\_ %

7. Do you own the property occupied by the proposed retailer? \_\_\_Yes \_\_\_No  
If the property is not owned by the retailer, a copy of the lease must be attached to this application. The lease must reveal the name(s) and address(s) of the lessee and the lessor. If the property is owned a copy of the deed or an affidavit stating that you own the property must be attached.

8. Has the above described property been previously utilized as a manufactured/mobile home retailer, and if so under what name \_\_\_\_\_

9. Dimensions of display/storage center \_\_\_\_\_  
Dimensions of office \_\_\_\_\_

10. Is any other business operated on or from this location? \_\_\_Yes \_\_\_No  
If yes, give nature of business \_\_\_\_\_  
Business name and owner(s) name \_\_\_\_\_

11. Effective January 1,1998, each Manufactured and Mobile Home Retailer shall obtain at least one (1) person who has successfully completed the approved requirements dealing with the installation of manufactured homes. **The certified installer/ certified manager must be an employee (not a contractor) as per 815 KAR25:060 Section 4(1).**

12. Certified Installer Name (**on staff**) \_\_\_\_\_ Certification # \_\_\_\_\_  
Certified Manager/Owner \_\_\_\_\_ Certification # \_\_\_\_\_

13. Description of Service  
A. Do you plan to perform your own:  
\_\_\_\_ Service    \_\_\_\_ Maintenance (warranty work)  
\_\_\_\_ Installation/set-up                                  \_\_\_\_ Transportation of homes  
If so, briefly describe how this will be performed \_\_\_\_\_  
\_\_\_\_\_

Name of Employees: \_\_\_\_\_ Years of Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Do you plan to engage independent contractors to perform:  
\_\_\_\_ Service    \_\_\_\_ Maintenance (warranty work)  
\_\_\_\_ Installation/set-up                                  \_\_\_\_ Transportation of homes  
If you plan to contract any of the above, please provide a letter of agreement attached to this application for each independent contractor used. The letter of agreement shall include the contractor’s company name, its principals, address and telephone number and any other type and number of any business or certifications that such contractors hold. **(Change of contractor(s) or changes in a letter of agreement must be submitted to this office with the effective date of the change(s)).**

**THIS SECTION MUST BE INITIALED:**

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHESS (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by KHEAA, I cannot receive a **Kentucky Retailers License** at this time.

\_\_\_\_\_ (Initial) I confirm that all information contained in and submitted with this application is current and true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_





## **CERTIFICATE OF INSURANCE**

The retailer shall furnish and maintain with the Office a Certificate of Insurance to certify proof of general liability insurance.

The general liability insurance shall be in the minimum amount of:

- **\$200,000 for bodily injury or death for each person**
- **\$300,000 bodily injury or death for each accident**
- **\$100,000 for damage to property**

Should any policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail thirty (30) days written notice to the certificate holder. The certificate holder on the dealership's Certificate of Insurance shall be:

**Department of Housing, Building and Construction  
Manufactured Housing Section  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405**





**CERTIFICATE TO DO BUSINESS UNDER ASSUMED NAME  
KRS 227.550 et al**

File with county clerk, if corporation, obtain required form from Secretary of State, and file with Secretary of State and county clerk.

**TO WHOM IT MAY CONCERN:**

This certifies that the business to be known as \_\_\_\_\_  
*(Name of Manufactured Home Retailer)*

\_\_\_\_\_ located in \_\_\_\_\_ County,  
*(Address of retailer)*

Commonwealth of Kentucky, is owned and operated by \_\_\_\_\_  
*(Name of Owner(s))*

\_\_\_\_\_  
*(Address of Owner(s))*

\_\_\_\_\_  
Signature & Title of Owner(s)

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Notary Public in and for the State and County indicated above, do certify that the foregoing instrument of writing was this date presented to me by \_\_\_\_\_, who delivered, signed and acknowledged same to be (his/her) act and deed.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of Filing

