



DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION  
**MANUFACTURED HOUSING**  
101 SEA HERO ROAD, STE 100  
FRANKFORT KY 40601-5405  
PHONE: (502) 573-1795 FAX: (502) 573-1059

## **APPLICATION FOR RV RETAILER CHANGE OF LOCATION**

This application must be completed in detail. 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; and any person with an ownership interest in the proposed business.

1. Check each type of sales applicable:

- New Recreational Vehicles
- Pre-Owned Recreational Vehicles
- Salvage Vehicles (B2 Seal)

2. Revenue Cabinet Sales Tax Permit #: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

3. Certificate of Insurance (Office of Housing listed as Certificate Holder) **Must show new address**

4. Name of retailer: \_\_\_\_\_

5. Name of owner or partners (all). Owners, partners, or corporate officers indicate percent of business owned:

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

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

6. Previous address of established place of business, as defined in KRS 227.550(5) and the applicable rules and regulations. (The actual address not the mailing address).

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

8. Has the above described been previously utilized as a Recreational Vehicle retailer? Yes \_\_\_ No \_\_\_  
If yes Name of Retailer \_\_\_\_\_

9. 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 and address of the lessee and lessor

10. Office space requirements used exclusively in the business: \_\_\_\_\_

11. Is any other business operated on or from this location? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the business name and owner's name: \_\_\_\_\_

And the nature of business: \_\_\_\_\_

