



CHECKLIST FOR MFG. HOME RETAILER APPLICATION

Application & Fee	_____	Check # _____
Data Form	_____	_____
Wavier Release Form (one for each applicant)	_____	_____
Photograph (employment history) (one for each applicant)	_____	_____
Corporate Assets (page 1 & 2) <u>(one for each applicant if not incorporated)</u>	_____	_____
Copy of Lease/Copy of Deed or Signed Affidavit	_____	_____
Zoning/Land Use Authority Form	_____	_____
Drawing of Premises (Notarized)	_____	_____
Copy of Incorporation	_____	_____
Assumed Name Certificate (filed w/ Secretary of State & County Clerk)	_____	_____
Certificate of Insurance (Office of Housing listed as Certificate Holder) (see enclosed required coverage form)	_____	_____
Certified Retailer – Approval to Inspect	_____	_____
Credit Report (Corporation or individual(s))	_____	_____
Certified Installer on Staff or Manager/Owner @ Retail Location - (Copy of Current Certified Installer Card)	Name _____	Certificate # _____
Kentucky Sales Tax & Usage Permit	_____	# _____
Letter of Agreement for each Independent Contractor	_____	_____
Background Check from Admin. Office of Courts or KY. State Police	_____	_____

Enclosures (for your use & information):

- 1) Pro-rated Fee Form & Payment Option Form
- 2) Monthly Certification Report Form (to be filled out & kept on file for 3 years)
- 3) Affidavit of Sale
- 4) Foundation Request Forms
- 5) B-Seal Order Form

Retailer Name: _____ County _____ Phone # _____



DEPARTMENT OF HOUSING, BUILDINGS & 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

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 primary owner. **NOTE: All corporation use the date of incorporation instead of birth month for determining the fee.** (Use pro-rated fee form for the initial licensing fee.) Renewal fee shall be \$250.00 thereafter.

Birth date _____ Incorporation Date _____

1. Check Each Type of Home Sales Applicable:

New Manufactured Homes	_____
Pre-Owned Manufactured Homes	_____
Mobile Homes (<i>built prior to 1976</i>)	_____
Salvage Units (" <i>B2</i> " Seal)	_____
Modular Units	_____

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 Dealership _____
Corporate Name if
applicable _____

(A) Sole proprietor applicants wishing to operate under an assumed name must attach an Assumed Name Certificate along with proof of filing with county clerk.

(B) All other applicants (corporation, 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.

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

4. Credit Report from a Credit Reporting 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. Physical Address of established place of business, as defined in KRS 227.500 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 _____ County _____
Zip Code _____ Business Telephone # _____ Fax # _____
E-mail Address _____

Mailing Address if different than above:

6. 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 dealership? ____ Yes ____ No

If the property is not owned by the dealership, form HBC MH #2(H) must be completed, and a copy of the lease must be attached to this application. The lease must reveal the name(s) and address of the lessee and the lesser. If the property is owned **a copy of the deed or an affidavit stating that you own the property must be attached.**

8. Dimensions of Sales Lot _____
Dimensions of office _____

9. Is any other business operated on or from this location? ____ Yes ____ No
If yes, give nature of business _____
Business name and owner(s) name _____

10. 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 must be an employee (not a contractor)**

Certified Installer Name _____ Certification # _____
Certified Manager/Owner's Name _____ Certification # _____

11. Description of Service

A. Do you plan to perform your own:
____ Service _____ Maintenance (warranty work)
____ Installation/set-up _____ Transportation of homes

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.

NOTE Change of contractors or changes in letter of agreement must be submitted to this Office with the effective dates of the changes.

12. Name of Employees: _____ Years of Experience _____

THIS SECTION MUST BE INITIALED:

_____ (Initial) I am not in default of any student loans backed by the KHEAA (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: _____

Applicants, whether individuals, partnership, or principal officers or a corporation, must complete the following personal data form and sign a waiver authorizing the State Fire Marshal's Manufactured Home Inspection Division to run National Criminal Information Checks on their past record, if any. *(Use separate sheet for each person: sheet may be reproduced if necessary)*

DATA FORM

A. Full Name: Last _____ First _____ Middle _____

B. Date of Birth _____ Place of Birth _____ SS# _____

C. Drivers License # _____ State _____ Home Phone # _____

D. Title/Position with dealership _____

E. Place of residence _____

F. Have you ever been convicted of or pleaded guilty to a felony or misdemeanor, or had judgment rendered against you in any civil or criminal action? ____Yes ____No
If yes, explain charge, disposition, and location of the court and date of conviction.

G. Has the applicant, individually, or as owner, partner, officer or director of a business entity, been convicted of pleaded guilty, or pleaded no contest in a criminal action, or had judgment rendered against him/her in a civil action? ____Yes ____No
If yes, explain charge, disposition, and location of the court and date of conviction _____

H. Have you ever been granted a manufactured or mobile home dealer license in Kentucky or any other state? ____Yes ____No
If yes, under what name, what year, what county and what state?

I. Have you ever been denied retail dealer license OR ever had a retail dealer license suspended or revoked in Kentucky or any other state? ____Yes ____No
If yes, give name, date of action, state or other location and reason for action:

J. Give complete name and address of **all** business bank accounts:

WAIVER RELEASE FORM

I, _____, hereby authorize all persons who may be contacted by this Office or the Certification and Licensure Board to release any and all information that they may have concerning my employment, credit, or criminal records.

Signature of Applicant

STATE OF KENTUCKY

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Signature of Notary Public

Seal

FOR EACH PERSON (owner, partner, officer, etc) filling out this data form, supply photograph, less than one (1) year old, and complete history on next page.

Photograph of each person named on form HBC MH #2(I)

(Use separate sheet for each person: sheets may be reproduced if necessary)

Photograph must be less than one (1) year old, must clearly show identity of each person depicted, and must be at least Polaroid size.

Photograph of person listed below

Name of Person Shown

EMPLOYMENT HISTORY

List each place of employment, etc, for past, 10 years, beginning with the most recent.

<u>Place of Employment</u>	<u>Address</u>	<u>Dates Worked</u>	<u>Job Title &</u>
<u>Description</u>			

1. _____
2. _____
3. _____
4. _____
5. _____

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.

If Corporation, include only corporate assets and liabilities.

ASSETS

CASH

Bank Name, and Location

	Amount	
_____	\$ _____	
_____	_____	
		TOTAL \$ _____

REAL ESTATE

Description

	Value	Market Amount	Mortgage Value	Net
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
				TOTAL \$ _____

ACCOUNTS & NOTES RECEIVABLE

Source

	Amount	
_____	\$ _____	
_____	_____	
		TOTAL \$ _____

OTHER ASSETS- ITEMIZE (Stocks, securities, ins, surrender value, etc)

Description

	Value	Amount Owed	Net Value
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
			TOTAL \$ _____
			(Total New Value)
			TOTAL ASSETS\$ _____

LIABILITIES (Do not enter amounts, which are reflected above.)

ACCOUNTS & NOTES PAYABLE

To	Date Due	Amount Owed	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
			TOTAL \$ _____

TAX PAYABLE

Amount \$ _____ TOTAL \$ _____

OTHER-ITEMIZE

To	Date Due	Amount Owed	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
			TOTAL \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH\$ _____

(total assets minus total liabilities)

Which of the amounts reflected in your net worth figure will be used as start up or operating capital for the home sales business?

CASH	\$ _____
REAL ESTATE	\$ _____
STOCKS, SECURITIES	\$ _____
OTHER (specify) _____	\$ _____
TOTAL INVESTMENT	\$ _____

NOTE: It is very important to complete this statement as accurately and correctly as possible. Improperly completed statements can cause a delay in approving your license or may lead to a bond requirement. Listing liabilities is as important as listing assets. If there are no liabilities, supply separate statement attesting to that fact. Let your bookkeeper review for corrections.

Signature _____ Date _____

LEASE OF PROPERTY FORM

I/We _____
Type or Print Name(s) & Mailing Address of Property Owner(s)

Agree to lease to _____
Type or Print Applicant's Name(s) & Mailing Address

_____ for a period of _____ years beginning
(Business to be used as a manufactured/mobile home sales center and service lot)

on _____. The consideration to be paid is \$_____ a month.

Made and entered into this _____ day of _____, 20____. By and between
_____, property owner(s), and
_____, tenant.

date
Signature of Property Owner(s)

date
Signature of Applicant(s)

State of Kentucky

County of _____

Subscribed and sworn to before me by _____ and
_____ this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

ZONING/LAND USE AUTHORITY FORM

DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION
MANUFACTURED HOUSING SECTION
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405

This is to certify that the _____ County/City
(Name of County/City)

zoning authority has authorized the following address _____

(Street address of dealership)

as suitable and legally fit as a Manufactured/Mobile Home Sales and Service Center (Retail Dealer), location, at which the business of a dealer, including the DISPLAY OF HOMES, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances.

Signature of County Judge Executive or Chief Zoning Official

Date

_____ Zoning is not applicable in the above listed county/city.

Signature of County Judge Executive or Chief Zoning Official

Date

DRAWING OF THE PREMISES

12. In the space provided below make a detailed plot layout drawing of the sales center showing the sales office, manufactured home display/storage area, service support area, and the dealership sign in relation to the nearest roadway. (Give dimensions)

13. COMMONWEALTH OF KENTUCKY
COUNTY OF _____ TO WIT:

The undersigned states that he/she is the applicant or the authorized signatory of the applicant, he/she has an established place of business as that term is defined in KRS Chapter 227.550 et al. That he/she has read the statements contained in this application, and that the same are true and correct. That statements made herein are made under full and complete knowledge of the penalty of perjury and that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the license for which this application is submitted, and/of criminal charges pursuant to KRS applicable law.

Signature of Applicant(s) *Date*

STATE OF KENTUCKY
County of _____

Subscribed and sworn to before me this ____ day of _____, 20____.
My Commission Expires: _____

Signature of Notary Public

Seal

CERTIFICATE TO DO BUSINESS UNDER ASSUMED NAME KRS 227.500 et al

File with county clerk, of, 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 Dealership)*

_____ located in _____ County,
(Address of dealership)

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





CERTIFICATE OF INSURANCE

The dealership shall furnish and maintain with the department 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**



REQUEST FOR APPROVAL TO INSPECT

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

Request to be approved as an authorized Certified Retailer to inspect manufactured and mobile homes sold in Kentucky purchased for use within the Commonwealth of Kentucky from another state.

RETAILER _____

ADDRESS _____

(Street Number or Route and Box Number)

(City) *(State)* *(County)*

(Zip Code) *(Area Code)* *(Phone #)*

I certify that I will comply with KRS 227.550-227.665 in the inspection of all units as relates to plumbing, heating, electrical systems and operable smoke detection.

(Authorized Signature)

(Date)

Indicate flat rate charged (if applicable) \$ _____





MONTHLY MANUFACTURED HOME RETAILER CERTIFICATION FORMAT
Month/Year _____

I hereby certify that the used units described hereon have been inspected and a “B Seal” applied as required by 815 KAR 25:050, and that the new manufactured homes described hereon have the appropriate HUD label.

No.	Serial #	HUD label and/or KY seal #	Mfg date	Make & Model #	Consumer Name & Address

This form must be used in reporting units to the field inspector and/or the Manufactured Housing Section. This form, along with white copy of unit inspection for B-seal form (if applicable) shall be kept in your office for a period of 3 years and made available to our field inspectors upon request.





MANUFACTURED HOUSING RETAILERS

Use This Chart To Locate The Correct Fee For This Application

For a **NEW APPLICATION** the fee is based on your birth month and the month in which you apply (see column for **New MH Retailer**).

Example: (see highlighted area in the January chart). If you were born in October and you are applying in January, then your application fee is \$437.47. This license would be valid for 21 months, expiring at the end of October the following year..

Each time you renew after your birth month/incorporation date, your license will be valid for one year and will always renew in your birth month/incorporation date with a renewal fee of \$250.00.

If you apply in January

Birth month	Duration (Months)	New MH Retailer		Renewal MH Retailer
January	12	\$250.00		\$250.00
February	13	\$270.83		
March	14	\$291.66		
April	15	\$312.49		
May	16	\$333.32		
June	17	\$354.15		
July	18	\$374.98		
August	19	\$395.81		
September	20	\$416.64		
October	21	\$437.47		
November	22	\$458.30		
December	23	\$479.13		

If you apply in February

Birth month	Duration (Months)	New MH Retailer		
January	23	\$479.13		
February	12	\$250.00		
March	13	\$270.83		
April	14	\$291.66		
May	15	\$312.49		
June	16	\$333.32		
July	17	\$354.15		
August	18	\$374.98		
September	19	\$395.81		
October	20	\$416.64		
November	21	\$437.47		
December	22	\$458.30		

If you apply in March

Birth month	Duration (Months)	New MH Retailer		
January	22	\$458.30		
February	23	\$479.13		
March	12	\$250.00		
April	13	\$270.83		
May	14	\$291.66		
June	15	\$312.49		
July	16	\$333.32		
August	17	\$354.15		
September	18	\$374.98		
October	19	\$395.81		
November	20	\$416.64		
December	21	\$437.47		

If you apply in April

Birth month	Duration (Months)	New MH Retailer		
January	21	\$437.47		
February	22	\$458.30		
March	23	\$479.13		
April	12	\$250.00		
May	13	\$270.83		
June	14	\$291.66		
July	15	\$312.49		
August	16	\$333.32		
September	17	\$354.15		
October	18	\$374.98		
November	19	\$395.81		
December	20	\$416.64		

If you apply in May

Birth month	Duration (Months)	New MH Retailer		
January	20	\$416.64		
February	21	\$437.47		
March	22	\$458.30		
April	23	\$479.13		
May	12	\$250.00		
June	13	\$270.83		
July	14	\$291.66		
August	15	\$312.49		
September	16	\$333.32		
October	17	\$354.15		
November	18	\$374.98		
December	19	\$395.81		

If you apply in June

Birth month	Duration (Months)	New MH Retailer		
January	19	\$395.81		
February	20	\$416.64		
March	21	\$437.47		
April	22	\$458.30		
May	23	\$479.13		
June	12	\$250.00		
July	13	\$270.83		
August	14	\$291.66		
September	15	\$312.49		
October	16	\$333.32		
November	17	\$354.15		
December	18	\$374.98		

If you apply in July

Birth month	Duration (Months)	New MH Retailer		
January	18	\$374.98		
February	19	\$395.81		
March	20	\$416.64		
April	21	\$437.47		
May	22	\$458.30		
June	23	\$479.13		
July	12	\$250.00		
August	13	\$270.83		
September	14	\$291.66		
October	15	\$312.49		
November	16	\$333.32		
December	17	\$354.15		

If you apply in August

Birth month	Duration (Months)	New MH Retailer		
January	17	\$354.15		
February	18	\$374.98		
March	19	\$395.81		
April	20	\$416.64		
May	21	\$437.47		
June	22	\$458.30		
July	23	\$479.13		
August	12	\$250.00		
September	13	\$270.83		
October	14	\$291.66		
November	15	\$312.49		
December	16	\$333.32		

If you apply in September

Birth month	Duration (Months)	New MH Retailer		
January	16	\$333.32		
February	17	\$354.15		
March	18	\$374.98		
April	19	\$395.81		
May	20	\$416.64		
June	21	\$437.47		
July	22	\$458.30		
August	23	\$479.13		
September	12	\$250.00		
October	13	\$270.83		
November	14	\$291.66		
December	15	\$312.49		

If you apply in October

Birth month	Duration (Months)	New MH Retailer		
January	15	\$312.49		
February	16	\$333.32		
March	17	\$354.15		
April	18	\$374.98		
May	19	\$395.81		
June	20	\$416.64		
July	21	\$437.47		
August	22	\$458.30		
September	23	\$479.13		
October	12	\$250.00		
November	13	\$270.83		
December	14	\$291.66		

If you apply in November

Birth month	Duration (Months)	New MH Retailer		
January	14	\$291.66		
February	15	\$312.49		
March	16	\$333.32		
April	17	\$354.15		
May	18	\$374.98		
June	19	\$395.81		
July	20	\$416.64		
August	21	\$437.47		
September	22	\$458.30		
October	23	\$479.13		
November	12	\$250.00		
December	13	\$270.83		

If you apply in December

Birth month	Duration (Months)	New MH Retailer		
January	13	\$270.83		
February	14	\$291.66		
March	15	\$312.49		
April	16	\$333.32		
May	17	\$354.15		
June	18	\$374.98		
July	19	\$395.81		
August	20	\$416.64		
September	21	\$437.47		
October	22	\$458.30		
November	23	\$479.13		
December	12	\$250.00		

