



**RENEWAL OF MANUFACTURED HOUSING
MANUFACTURERS LICENSE**

OFFICE OF HOUSING, BUILDINGS & CONSTRUCTION
MANUFACTURED HOUSING
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KY 40601-5405
(502) 573-1795 Fax (502) 573-1059

This application must be COMPLETED in detail or will not be reviewed . Return to the above address by the last day of your birth month or incorporation month. All statements made herein are subject to the penalties of perjury as set forth in the Certificate at the end of the application.

All licenses will expire on the birth month of the Primary Owner or the month of Incorporation, whichever applies. Please submit the renewal fee of \$500.00. See payment option form enclosed.

1. Name of the Manufactured Housing Manufacturer d.b.a. _____
2. Exact address:
Street _____
City: _____ State: _____ Zip Code _____
Phone : _____ Fax # _____ E-mail _____
County: _____ Current Manufacturer's License # _____
3. Mailing Address: _____ City _____ State _____ Zip _____
4. *****An Updated Certificate of Insurance MUST be attached.** Office of Housing, Building and Construction must be listed as a certificate holder (see letterhead above for exact wording.)
6. Name of Chief Managing Officer _____

*****Please note that if you do not send in this application and the required information by your renewal date your license will automatically be made inactive.**

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 Manufacturers 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 _____

