

**PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
LICENSING BRANCH  
500 MERO STREET  
FRANKFORT, KENTUCKY 40601-5412  
(502) 573-2002      FAX (502) 573-1598**

## **APPLICATION FOR MANUFACTURED HOME RETAILER LICENSE**

This application must be COMPLETED in detail. No application will be reviewed unless the instructions 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.

All licenses, unless renewed, revoked or suspended shall expire on the last date of the birth month of the primary owner. **NOTE: All business organizations 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 month \_\_\_\_\_ 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. 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 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, Members of an LLC, 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.

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
Zip Code \_\_\_\_\_ Business Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Mailing address if different than above: \_\_\_\_\_

6. Name of all Owners, Partners, Members, or Corporate Officers. Indicate the percentage of business owned by

each individual. The percentages when combined 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, a copy of the completed lease must be attached to this application. The lease must reveal the name(s) and address 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. Dimensions of Sales Lot (if applicable): \_\_\_\_\_ 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. 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 or manager must be an employee (not a contractor).**

Certified Installer Name \_\_\_\_\_ Certification # \_\_\_\_\_

Certified Manager 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 for 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 certification that such contractors hold.

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

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

**INITIAL ALL THAT APPLY:**

YES \_\_\_\_\_ or NO \_\_\_\_\_. I have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States. If you marked yes, you may not be eligible to receive a Kentucky retailer's license.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Applicants, whether individuals, partners, members, or principal officers of a corporation, must complete the

following personal data form and sign a waiver authorizing the 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. City \_\_\_\_\_ State \_\_\_\_\_ Home Phone # \_\_\_\_\_

D. Title/Position with dealership \_\_\_\_\_

E. Place of residence \_\_\_\_\_

F. Have you ever been granted a manufactured or mobile home retailer license in Kentucky or any other state?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, under what name, what year, what county and what state? \_\_\_\_\_

G. Have you ever been denied retailer license OR ever had a retailer license suspended or revoked in Kentucky or any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the state, reason for denial, suspension, or revocation, and date of action

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# 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

**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

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 the following year.

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		

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		

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	29	\$395.81		
May	20	\$416.64		
June	21	\$437.47		
July	22	\$458.30		

August	13	\$270.83		
September	14	\$291.66		
October	15	\$312.49		
November	16	\$333.32		
December	17	\$354.15		

August	12	\$250.00		
September	13	\$270.83		
October	14	\$291.66		
November	15	\$312.49		
December	16	\$333.32		

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		