



Ohio Manufactured Homes Commission

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

APPLICATION FOR CHANGES TO ADDRESS, NAME/DBA, OR DEALER LICENSE TYPE

- Business Name Change/DBA , complete Sections I, III, IV(if applicable) & VI (FEE: **\$25.00**)
- Change Dealer License Type, complete Sections I, V & VI (FEE: **\$25.00**)
- Business Relocation, complete Sections I & II, VI (FEE: **\$125.00**)

COMPLETE ALL SECTIONS THAT APPLY

SECTION I CURRENT INFORMATION			
BUSINESS NAME		LICENSE NUMBER	
DBA OR FICTITIOUS NAME		BUSINESS TELEPHONE NUMBER	
BUSINESS STREET ADDRESS		PO BOX	
CITY	STATE	ZIP CODE	COUNTY
*PLEASE SUBMIT A COPY OF THE UPDATED BOND WITH NEW BUSINESS NAME.			

SECTION II BUSINESS RELOCATION			
NEW BUSINESS STREET ADDRESS		BUSINESS TELEPHONE, IF DIFFERENT THAN ABOVE	
CITY	STATE	ZIP CODE	COUNTY
BUSINESS FAX NUMBER		STATE EMAIL ADDRESS	
1) NEW DEALERS: Please list all new makes to be sold at this location below and submit Statements of Contract, OMHC 4319 for each.			
2) Contact your County Auditor to determine if a new vendor's number is required. If yes, enter new vendor number. _____			
3) Was the proposed business location previously occupied by another dealership? If yes, indicate the business name, if available. <input type="checkbox"/> YES <input type="checkbox"/> NO			
BUSINESS NAME			
4) Submit photographs of the proposed business location's lot, office (inside and outside), and business sign(s). The sign must be in the exact name of the business, as indicated on the application, including any registered trade names, permanent, prominently displayed and properly maintained. Letters on the sign must be at least six inches (6") high. Photographs, in jpg format only, may be e-mailed to Debbie.Beaty@OMHC.STATE.OH.US . Please include your business name and permit number in the subject of your email.			

SECTION III CHANGE OF BUSINESS NAME				
1) NEW BUSINESS NAME				
2) NEW DEALERS: Indicate below each NEW make to be sold and list below and submit Statements of Contract, OMHC 4319 for each new make.				
3) Submit photographs of the new business sign. The sign must be in the exact name of the business, as indicated on the application, permanent, prominently displayed and properly maintained. Letters on the sign must be at least six inches (6") high. Photographs, in jpg format only, may be emailed to Debbie.Beaty@OMHC.STATE.OH.US . Please include your business name and permit number in the subject of your email.				

SECTION IV ADD OR REMOVE A DBA NAME				
1) DBA OR FICTITIOUS NAME			<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
2) DBA OR FICTITIOUS NAME			<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
3) DBA OR FICTITIOUS NAME			<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
4) Submit photographs of the new business sign(s). The sign must be in the exact name of the business, as indicated on the application, including any registered trade names, permanent, prominently displayed and properly maintained. Letters on the sign must be at least six inches (6") high. Photographs, in jpg format only, may be emailed to Debbie.Beaty@OMHC.STATE.OH.US . Please include your business name and permit number in the subject of your email.				

SECTION V CHANGE DEALER LICENSE TYPE				
1) CHECK ONE:	<input type="checkbox"/> USED MANUFACTURED HOME DEALER TO NEW MANUFACTURED HOME DEALER	<input type="checkbox"/> NEW MANUFACTURED HOME DEALER TO USED MANUFACTURED HOME DEALER		
2) NEW DEALERS: Indicate below each NEW make to be sold and list below and submit Statements of Contract, OMHC 4319 for each new make.				

SECTION VI READ, SIGN AND DATE		FINANCIAL RESPONSIBILITY	
I AFFIRM THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND I HAVE COMPLIED WITH ALL LICENSING REQUIREMENTS AND THAT I, AS PROPRIETOR, PARTNER, OFFICER, MEMBER OR TRUSTEE HAVE AUTHORITY TO SIGN THIS APPLICATION.			
<input checked="" type="checkbox"/> _____ SIGNATURE (OWNER, PARTNER, OFFICER, MEMBER, OR TRUSTEE)		_____ DATE:	
_____ PRINT NAME OF SIGNER			
INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION.			
Upon receipt of a completed application for change of address, a physical inspection of the proposed new location will be requested. Please allow four to six weeks for processing. Applications for name/dba or license type change change only do not require an inspection. Notice of change of status is required, in writing, within 15 days of the change.			
Return completed application, all supporting documents to: Ohio Manufactured Homes Commission, Attn: Licensing Department, 5100 Parkcenter Avenue, Suite 103, Dublin, OH 43017			

"Public Information Disclosure: Pursuant to Ohio Revised Code 149, please be advised that information submitted in this application may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated."

FEES ARE NON-REFUNDABLE

You may pay by credit card (Visa or Mastercard) or make Check Payable to: "Treasurer, State of Ohio"

PAY VIA CREDIT CARD –OR- SEND CHECK PAYABLE TO TREASURER, STATE OF OHIO

Visa # _____ Mastercard # _____

Expiration Date: _____ Fee _____ +Convenience Fee (.0231%) _____ = _____ Total Amt.

Name of Cardholder shown on credit card: _____

Fees are
NONREFUNDABLE

Cardholder Signature: _____