



Manufactured Home Dealer/Broker Application

Mail application with payment, photographs and proof of bond.

Ohio Manufactured Homes Commission

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

Phone: (614) 734-6010 • Fax: (614) 734-6012

Website: <http://www.omhc.ohio.gov/>

Indicate Type of License:

- New Manufactured Homes (can sell both new & used) **Fee - \$250.00**
- Manufactured Home Broker (Used) **Fee - \$250.00**
- Used Manufactured Homes **Fee - \$250.00**
- Duplicate License **Fee - \$25.00** (Please complete name, address, license number and signature)

PLEASE PRINT LEGIBLY IN BLACK INK OR TYPE THE FOLLOWING INFORMATION:

BUSINESS NAME BUSINESS NAME (LOCATED IN PARK? YES ___ OR NO ___)			BUSINESS TELEPHONE # ()	
DBA OR FICTITIOUS TRADE NAME (if applicable)			ALTERNATIVE TELEPHONE # ()	
BUSINESS STREET ADDRESS			FAX # ()	
CITY	STATE	ZIP CODE	COUNTY	EMAIL ADDRESS

1. Are you or an employee of yours a licensed installer in Ohio? Yes ___ No ___

2. List the responsible party/installer in your dealership to ensure permit and installation compliance.

Broker/Dealer's License Number	Federal Tax I.D. or EIN Number	Vendor's Number (If applicable)

3. Does this dealership/brokerage have another location within this county? If so, please FILL OUT FORM 4335.

4. Applicants for NEW manufactured home dealers license only: INDICATE EACH NEW MAKE TO BE SOLD

(Statements of Contract, OMHC 4319, must be submitted for the makes listed below.)

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5. Indicate style of business:

- Proprietorship
- Partnership
- Corporation
- Business Trust
- Limited Liability

6. Please list officers of your organization below.

<input type="checkbox"/>	Sole Proprietor	LAST NAME	FIRST NAME	MI
<input type="checkbox"/>	Partner			
<input type="checkbox"/>	President	HOME ADDRESS	SSN	
<input type="checkbox"/>	Trustee			
<input type="checkbox"/>	Director	CITY	STATE	ZIP CODE
<input type="checkbox"/>	Member (owning 10% or more)			

<input type="checkbox"/>	Partner	LAST NAME	FIRST NAME	MI
<input type="checkbox"/>	Vice President			
<input type="checkbox"/>	Trustee	HOME ADDRESS	SSN	
<input type="checkbox"/>	Director			
<input type="checkbox"/>	Member (owning 10% or more)	CITY	STATE	ZIP CODE
<input type="checkbox"/>				

<input type="checkbox"/>	Partner	LAST NAME	FIRST NAME	MI
<input type="checkbox"/>	Secretary			
<input type="checkbox"/>	Trustee	HOME ADDRESS	SSN	
<input type="checkbox"/>	Director			
<input type="checkbox"/>	Member (owning 10% or more)	CITY	STATE	ZIP CODE
<input type="checkbox"/>				

<input type="checkbox"/>	Partner	LAST NAME	FIRST NAME	MI
<input type="checkbox"/>	Treasurer			
<input type="checkbox"/>	Trustee	HOME ADDRESS	SSN	
<input type="checkbox"/>	Director			
<input type="checkbox"/>	Member (owning 10% or more)	CITY	STATE	ZIP CODE
<input type="checkbox"/>				

Ohio residents who are owners, all partners, president, all members, owning 10% or more, and all trustees **MUST** be electronically fingerprinted and **have results forwarded** to the OMHC Licensing Dept., 5100 Parkcenter Avenue, Suite 103, Dublin, OH 43017. Visit www.ohioattorneygeneral.gov/Services/Business/WebCheck for a complete listing of electronic fingerprinting locations in Ohio.

NOTE: Only Out-of-State applicants may submit a finger print card and exemption form in lieu of having their prints electronically scanned. Please contact the Licensing Dept. at (614) 734-6010 to obtain a fingerprint card and an exemption form.

NOTE: Manufactured Home Broker applicants are not required to submit fingerprints.

Limited background checks being run by OMHC is for licensing purposes specifically addressed in OAC 4781-11 only.

Answer each of the following questions truthfully to the best of your knowledge.

7. Yes No Dealers: I, as the applicant, (A)-affirm that the business listed on this application has a net worth of at least \$75,000, (Net Worth=Assets minus Liabilities) **AND** (B)-has a \$25,000 Surety Bond, and will maintain during the entire period for which the license is held?
- Yes No Brokers: I, as the applicant, (A)-affirm that I will maintain a special or bank trust account for the duration of my licensure **AND** (B)-has a \$25,000 Surety Bond, and will maintain during the entire period for which the license is held?

8. Has the applicant, or any of the applicant’s owners, partners, officers, members, directors or trustees:

A. Yes No **Previously applied for a manufactured home dealer’s license?** (If yes, please list below)

BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	LICENSE NUMBER – IF ISSUED
BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	LICENSE NUMBER – IF ISSUED

B. Yes No **Ever been refused such a license, had it suspended or revoked?**

9. Yes No **Are you an owner, partner, corporate officer, member, trustee or director in any other new or used manufactured home dealership?**

10. Has the applicant or any of the applicant’s partners, officers, members, trustees or directors:

A. Yes No **Ever been convicted of a felony?**

B. Yes No **Ever been convicted of an offense that was related to the selling of, or dealing in, manufactured homes?**

If answered “yes” to either question A or B above, please provide the following information:

- (1) The court’s journal entry showing the final disposition of your conviction,
- (2) The charge you were convicted of.
- (3) Please attach a short summary of the charge you were convicted of.

C. Yes No **Ever had a civil judgment rendered against you/him/her that resulted from the transaction of business as a manufactured home dealer, which remains unsatisfied today?**

If answered “yes” to either question C or D above, please provide the following information:

- (1) The court’s journal entry showing the final disposition of the judgment,
- (2) The court of jurisdiction that decided the civil judgment,
- (3) That court’s case number,
- (4) The date the civil judgment was issued.

Any arrest that shows up on the criminal background check that cannot clearly be identified will require journal entries showing final disposition. **Failure to submit this information will result in a delay in the processing of the application.**

11. Yes No **Will any business other than a licensed manufactured home dealer be operated from this proposed dealership location?**

This includes a business operating from the building your office is housed in, any other building on the dealership’s lot, or from the lot itself. If yes, what type of business is sharing the location, what is its business name and what is its relationship to this proposed manufactured home dealership? Please provide those answers on a separate sheet and submit with the application.

BUSINESS NAME	LICENSE #
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