



Manufactured Home Dealer/Broker Renewal Application

Mail renewal with payment and
proof of bond
(See Fees Below)

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 – **Renewal** (can sell both new & used)
- Manufactured Home Broker (Used) - **Renewal**
- Used Manufactured Homes - **Renewal**

PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:

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 (REQUIRED)

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, provide information below and additional fees will apply (see fees below). List additional locations on separate sheet.

BUSINESS STREET ADDRESS (LOCATED IN PARK? YES ___ OR NO ___)			EMAIL ADDRESS (REQUIRED)
CITY	STATE	ZIP CODE	BUSINESS TELEPHONE # ()
			FAX # ()

4. Indicate style of business:

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

5. Please UPDATE officers of your organization below.

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

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

If any of the above are NEW to your organization 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 <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing> for a complete listing of electronic fingerprinting locations in Ohio.

OFFICERS PREVIOUSLY LISTED UNDER BMV DO NOT NEED TO BE RE-FINGERPRINTED

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

- 6.. 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?

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

- A. Yes No Have you been convicted of a felony in the last 2 years?
- B. Yes No Have a civil judgment rendered against you/him/her in the last 2 years that resulted from the transaction doing business as a manufactured home dealer, which remains unsatisfied today?

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 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.**

8. 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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I also affirm that all statements in the foregoing application and in any attached sheets are true and correct and that I, as proprietor, as a partner, an officer, member, or trustee, have authority to sign this application and to make the statements contained herein and have read and understand the Instructions and Checklist, (OMHC 4323).

DATE OF APPLICATION

X _____
SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER OR TRUSTEE)

TITLE

PRINTED OR TYPED NAME OF SIGNER

NOTARY:

Subscribed and sworn to before me this _____ day of _____ in the county of _____
State of Ohio.

(SEAL)

My commission expires _____

X _____
NOTARY PUBLIC

10. Make check payable to "Treasurer, State of Ohio". Fees are as follows: (DO NOT SEND CASH)
If paying by debit or credit card, visit our website at www.omhc.ohio.gov and follow the "Forms" link to print the credit card authorization. Print and complete the authorization and return with this application. Applications will not be processed without payment.

License Fee (Required)	1	@ \$250.00	\$250.00
Multiple Location Fee - Only within same county (If applicable)		@ \$125.00/each	
Late Fee (If applicable) Late fee will apply if application and payment is not postmarked <i>before</i> the expiration of the current license.	1	@ \$100.00	
NOTE: Anything having to do with in-transit plates, you must contact the Bureau of Motor Vehicles, Dealer Licensing at (614) 752-7636 or www.OhioAutoDealers.com .	TOTAL FEES DUE		

FEES ARE NON-REFUNDABLE

"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."

Office Use Only:	Check # _____	Date: _____	Amount _____
CC: Last 4 #'s _____	Approval # _____	Date _____	Amount _____
Office Notes: _____			