



# Ohio Manufactured Homes Commission

5100 Parkcenter Ave Suite 103 Dublin OH 43017  
PH: 614-734-6010 FX: 614-734-6012 Website www.omch.ohio.gov

PK #

## APPLICATION FOR ANNUAL LICENSE TO OPERATE A MANUFACTURED HOME COMMUNITY

### READ INSTRUCTIONS CAREFULLY BEFORE RETURNING FOR PROCESSING

- Select Type of License
- Verify all information listed is accurate. Make corrections as needed. Complete remaining information. **\*\*\*FEES ARE NON REFUNDABLE\*\*\***
- Sign and date application. Application will *NOT* be processed without a signature.
- Enclose check or money order made payable to *Treasurer, State of Ohio* -or- if you would like to pay with a credit/debit card visit our website at [www.omch.ohio.gov](http://www.omch.ohio.gov) and print off the credit card authorization form located under the Forms link. Print, fill out and return with application.
- Ensure completed application and full payment due is received by the stated deadline below to avoid a 25% penalty being assessed.

TYPE OF LICENSE (Select One)	FEE	DEADLINE TO AVOID A 25% PENALTY BEING ASSESSED
<input type="checkbox"/> ANNUAL LICENSE RENEWAL	\$150 BASE CHARGE + \$4.15 PER SITE	<b>MUST BE RECEIVED BY DEC 31</b>
<input type="checkbox"/> NEW OWNER	\$150 BASE CHARGE + \$4.15 PER SITE	<b>MUST BE RECEIVED WITHIN 30 DAYS OF OWNERSHIP</b>
<input type="checkbox"/> NEW DEVELOPMENT	\$150 BASE CHARGE + \$4.15 PER SITE	<b>MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO OPENING</b>

### COMMUNITY INFORMATION (Please Print)

Name of Community:			County:		
Physical Address of Community : (No PO Boxes)			Phone:		Fax:
City:	State: OH	Zip:	Email: (where correspondences such as newsletters and informational bulletins are to be sent)		
Mailing Address of Community :					Site # if Applicable
City:	State:	Zip:	Correspondences such as inspection reports and renewal notices are to be sent to [ ] Community Mailing Address <b>Choose ONE</b>		Owner Mailing Address [ ]
# of Licensed Sites	Year Built	Do you or a third party agency on your behalf bill the residents for water usage? [ ] Yes [ ] No If Yes: Billed at a flat rate OR Billed by usage [ ] [ ]		Office on Site [ ] Yes [ ] No	
Is the water to the community supplied by the city or a well? [ ] City [ ] Well					
Do you sell or rent to own more than five (5) manufactured homes in a 12 month period? [ ] Yes [ ] No					

### OWNER INFORMATION (Please Print)

Name of Legal Entity Owning Community:			Phone:		
Name of Principle or Authorized Agent for Owner:			Fax:		
Mailing Address of Owner					
City	State	Zip	Email:		
Is the Community Owner or spouse a member or veteran of the US Armed Forces? [ ] Yes [ ] No					

### COMMUNITY MANAGER CONTACT INFORMATION (Please Print)

Name:		Daytime Phone Number:			
Email:		After Hours Phone Number:			
I hereby certify that I am the authorized representative of the community listed above. I agree to abide by the rules pursuant to ORC and OAC 4781 that apply for this license and all other rules pertaining to the installation of manufactured homes in this community. I understand that failure to abide by all applicable laws and rules will constitute a violation under my license and may result in fines, suspension, and or revocation of this license.					
Signature	Printed Name	Phone Number	Date		

### PAYMENT

Total due if application and payment is received by deadline listed above: \$	LICENSE FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE
---	--

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

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.