



Ohio Manufactured Homes Commission

5100 Parkcenter Ave Ste 103 Dublin OH 43017 PH 614-734-6010

APPLICATION FOR CHANGES TO NAME / DBA, MAILING ADDRESS, CONTACT PHONE, FAX OR EMAIL, OR SITE MANAGER / EMERGENCY CONTACT

- Name / DBA Change, complete Sections I, II, and VI
- Mailing Address Change, complete Sections I, III and VI
- Contact Phone Fax or Email Change, complete Sections I, IV and VI
- Site Manager / Emergency Contact Change, complete Sections I, V and VI

COMPLETE ENTIRE SECTIONS THAT APPLIES

| SECTION I CURRENT INFORMATION | | | | | | | |
|-------------------------------|-------|-----|--------|-----------------------|-------|--------|--|
| PARK NAME | | | | LICENSE NUMBER | | | |
| DBA NAME | | | | BUSINESS PHONE NUMBER | | | |
| PHYSICAL LOCATION ADDRESS | | | | MAILING ADDRESS | | PO BOX | |
| CITY | STATE | ZIP | COUNTY | CITY | STATE | ZIP | |

| SECTION II NEW NAME / DBA NAME | |
|--------------------------------|----------|
| PARK NAME | DBA NAME |

| SECTION III NEW MAILING ADDRESS | | | | |
|---------------------------------|--------|------|-------|-----|
| MAILING ADDRESS | PO BOX | CITY | STATE | ZIP |

| SECTION IV NEW CONTACT PHONE, FAX OR EMAIL | | |
|--|--------------|----------------|
| BUSINESS PHONE | BUSINESS FAX | BUSINESS EMAIL |

| SECTION V SITE MANAGER / CONTACT EMERGENCY | |
|--|--------------|
| SITE MANAGER / EMERGENCY CONTACT | PHONE NUMBER |

| SECTION VI READ, SIGN AND DATE | |
|--|------|
| I AFFIRM THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND I HAVE COMPLIED WITH ALL LICENSING REQUIREMENTS AND THAT I HAVE AUTHORITY TO SIGN THIS APPLICATION | |
| X | |
| SIGNATURE AND TITLE | DATE |
| PRINT NAME OF SIGNER | |
| Return completed application to Ohio Manufactured Homes Commission, Attn: Licensing Dept, 5100 Parkcenter Ave Ste 103 Dublin OH 43017 or you may email form to debbie.beaty@omhc.state.oh.us or fax to 614-734-6012 Att: Debbie | |