

General Instructions

An applicant may not conduct business until it receives a license.

Definition of operator (application line number 5): An individual officer, a general partner, LLC member or manager, or a sole proprietor who is directly responsible for the operation of a licensee and who is designated as such for licensure purposes.

Similar names: A person who doesn't have an existing license who receives a new license may not have a true or assumed name which is so similar to the true or assumed name on an existing license that it would be confusing to the public.

Foreign (non-Michigan) Corporations, Limited Liability Companies, Limited Partnerships and Limited Liability Partnerships: If you do not have a Certificate of Authority to transact business in Michigan, please obtain one from the Bureau of Commercial Services in the Corporation Division (P.O. Box 30054, Lansing, MI 48909; 517-241-6470) or include a letter with your application stating the reason(s) why you don't need one.

Assumed names: If you are operating under a name other than your true name, please include a copy of your Certificate of Assumed Name with your application. If you are a corporation, limited liability company, limited partnership or limited liability partnership, please contact the Corporation Division to obtain one; if you are not, please contact your county clerk.

Partnerships (except Limited Partnerships and Limited Liability Partnerships): If you do not have a Certificate of Assumed Name, please include a copy of your Certificate of Co-partnership with your application.

Expiration date: Licenses expire every 3 years on September 30. A renewal application is mailed to each licensee every 3 years in August and must be returned before October 1.

Changes: All changes to an original application must be filed with the Building Division within 30 days after the changes are made.

Instructions for Manufactured Home Retailer License

Complete the enclosed forms and return them to the Building Division with the nonrefundable filing fee at least 30 days prior to the date you want to begin conducting business. Your application will not be processed without the fee or if incomplete. When your application is complete, it will be presented for approval to the Manufactured Housing Commission at its next regularly scheduled meeting. There is no written test for this license.

License exemption: A licensed manufactured home community is not required to obtain a retailer license in order to engage in the leasing or renting of homes in the community, but is responsible for complying with the business practice rules for retailers.

Sales Tax Number: If you have not applied for a sales tax number, contact the Michigan Department of Treasury, Sales, Use and Withholding Taxes Division, Treasury Building, Lansing, Michigan 48922; 517-636-4730 or www.michigan.gov/treasury. A sales tax number is not required if you only lease or rent homes.

Surety: For each location under your license, you must either post a \$10,000 surety bond or deposit \$10,000 in cash or securities, made payable to "State of Michigan" with the Building Division. If you decide to post the bond, you must file an original executed \$10,000 "Manufactured Home Retailer's Surety Bond" for each of your locations with your application and it must be in effect on any day when you conduct business at the location. Use the enclosed form; instructions are on its reverse side.

Consumer Deposits: You must either establish an escrow account, post a consumer deposit bond, or deposit cash or securities in order to be licensed. If you decide to establish an escrow account, file the enclosed affidavit with your application. If you decide to post a consumer deposit bond, read Manufactured Housing Commission Rule 403(8-10) and then file the enclosed form with your application. If you decide to deposit cash or securities, read Rule 403(8-10) before making your deposit.

Titling Mobile Homes: Certificates of Manufactured Home Ownership (BCC-944) can be obtained at a Secretary of State branch office. Review the provisions in the Mobile Home Commission Act and Rules regarding titling before using this form.

Affidavit of Affixture: Information regarding filing an Affidavit of Affixture for manufactured homes affixed to real property can be obtained from our web site at www.michigan.gov/bcc, by mail directed to the Building Division at P.O. Box 30255, Lansing, Michigan 48909 or by telephone at 517-241-9317.

If you have any questions regarding your license application, contact the Bureau of Construction Codes, Building Division at 517-241-9317.

Instructions for Manufactured Home Installer and Servicer License

An applicant may not conduct business until it receives a license.

Complete the enclosed forms and return them to the Building Division with the nonrefundable filing fee at least 30 days prior to the date you want to begin conducting business. Your application will not be processed without the fee or if incomplete. When your application is complete, it will be presented for approval to the Manufactured Housing Commission at its next regularly scheduled meeting.

Installer instruction: You must complete approved installation instruction before your application is presented for approval to the Manufactured Housing Commission.

Installer and services license exemptions:

- A manufactured home manufacturer who installs or services homes it manufactured or one of its employees who installs or service as part of his employment.

- If performing work for which the person is licensed under another Michigan license.

If you have any questions regarding your license application contact the Bureau of Construction Codes, Building Division at 517-241-9317.

Definition of operator (application line number 5): An individual officer, a general partner, LLC member or manager, or a sole proprietor who is directly responsible for the operation of a licensee and who is designated as such for licensure purposes.

Similar names: A person who doesn't have an existing license who receives a new license may not have a true or assumed name which is so similar to the true or assumed name on an existing license that it would be confusing to the public.

Foreign (non-Michigan) Corporations, Limited Liability Companies, Limited Partnerships and Limited Liability Partnerships: If you do not have a Certificate of Authority to transact business in Michigan, please obtain one from the Bureau of Commercial Services, Corporation Division (P.O. Box 30054, Lansing, MI 48909; 517-241-6470) or include a letter with your application stating the reason(s) why you don't need one.

Assumed names: If you are operating under a name other than your true name, include a copy of your Certificate of Assumed Name with your application. If you are a corporation, limited liability company, limited partnership or limited liability partnership, contact the Corporation Division to obtain one; if you are not, contact your county clerk.

Partnerships (except Limited Partnerships and Limited Liability Partnerships): If you do not have a Certificate of Assumed Name, include a copy of your Certificate of Co-partnership with your application.

Expiration date: Licenses expire every 3 years on September 30. A renewal application is mailed to each licensee every 3 years in August and must be returned before October 1.

Changes: All changes to an original application must be filed with the Building Division within 30 days after the changes are made.

**Application for Manufactured Home Retailer License
or Manufactured Home Installer and Servicer License**

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Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Building Division
P.O. Box 30255, Lansing, MI 48909
517-241-9317
www.michigan.gov/bcc

FOR OFFICE USE ONLY

LICENSE NUMBER
DATE ISSUED
FEE Retailer - 15 Installer/Servicer - 16

Authority: 1987 PA 96 Completion: Voluntary Penalty: Failure to complete may result in denial of application	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Instructions

- Complete application. Type or print in ink.
- Failure to accurately complete the form may be reason for denial.
- Be sure to sign application and have this form notarized.
- Make check or money order payable to the **State of Michigan**.
- Mail application and payment to the address listed above.

Indicate what type license you are applying for (limit one item per application):

Manufactured Home Retailer License or Additional Location - Fee \$450.00 **(15)**

The license covers selling, leasing, renting, or exchanging (including brokering) manufactured homes

Manufactured Home Installer/Servicer License - Fee \$150.00 **(16)**

This license covers the installation, uninstalling or servicing of manufactured homes

Transfer of Existing License As A Successor - Fee \$450.00 for Retailers and \$150.00 for Installer/Servicers

Current license number of business _____

Changes to Original Application - No fee required. Complete sections 1, 2, 3, and 4. Sign the application. If there are changes to section 4, complete sections 5-8.

1.	BUSINESS TRUE NAME		ASSUMED NAMED		
	BUSINESS TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS		
2.	BUSINESS LOCATION - STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
	BUSINESS MAILING ADDRESS (if different than above)	CITY	COUNTY	STATE	ZIP CODE
3.	CHECK ONE				
	If you are filing your application as a Corporation, Limited Liability Company, Limited Partnership or Limited Liability Partnership furnish this office with the number assigned to you by the Michigan Department of Labor and Economic Growth, Bureau of Commercial Services, Corporation Division.				
	Sole Proprietor	Limited Partnership	Corporation		
	Partnership	Number _____	Number _____		
Other Type	Limited Liability Partnership	Limited Liability Company			
_____	Number _____	Number _____			

List name(s) of sole proprietor, partners, corporate officers and directors or LLC members or managers. Mark partners as Limited or General (LP or GP). Give residence address; attach additional sheet(s) if necessary.

4.	NAME (Last, First, Middle Initial)		BIRTH DATE (MO / DAY/ YEAR)	SOCIAL SECURITY NUMBER *
	STREET ADDRESS	CITY	STATE	ZIP CODE
	NAME (Last, First, Middle Initial)		BIRTH DATE (MO / DAY/ YEAR)	SOCIAL SECURITY NUMBER *
	STREET ADDRESS	CITY	STATE	ZIP CODE
	NAME (Last, First, Middle Initial)		BIRTH DATE (MO / DAY/ YEAR)	SOCIAL SECURITY NUMBER *
	STREET ADDRESS	CITY	STATE	ZIP CODE
	NAME (Last, First, Middle Initial)		BIRTH DATE (MO / DAY/ YEAR)	SOCIAL SECURITY NUMBER *
	STREET ADDRESS	CITY	STATE	ZIP CODE
5.	NAME OF OPERATOR (must be a corporate officer, general partner, sole proprietor, or member or manager of LLC)		BIRTH DATE (MO / DAY/ YEAR)	TELEPHONE NUMBER (Include Area Code)
	STREET ADDRESS	CITY	STATE	ZIP CODE
6.	<p>Installer/servicer license: List the date and location that the operator completed Commission and Department approved installation instruction during this licensing year (between October 1 and September 30).</p> <p>Date _____ Location _____</p>			
7.	<p>Have any of the individuals listed in No. 4 ever been, in this or any other state, refused the issuance of a license for a manufactured home business or been holders of this type of a license which was revoked or suspended? If "Yes", give complete details. (Attach additional sheet(s) if necessary.)</p> <p>Yes No</p>			
	<p>Have any of the individuals listed in No. 4, or any individual associated with this license application, within the past 10 years, been convicted of a violation or the subject of an administrative order or civil judgment as a result of a violation of the Mobile Home Commission Act; a statute regulating the offering of securities or franchises, or licensing or regulating builders, real estate brokers or real estate salespersons; or 1972 PA 286 (Land Sale Act)? If "Yes", give complete details. (Attach additional sheet(s) if necessary.)</p> <p>Yes No</p>			
8.	<p>Have any of the individuals listed in No. 4, or any individual associated with this license application, within the past 10 years, been convicted of a violation or the subject of an administrative order or civil judgment as a result of a violation of the Mobile Home Commission Act; a statute regulating the offering of securities or franchises, or licensing or regulating builders, real estate brokers or real estate salespersons; or 1972 PA 286 (Land Sale Act)? If "Yes", give complete details. (Attach additional sheet(s) if necessary.)</p> <p>Yes No</p>			

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

I swear the statements contained in this foregoing application are true and I, as operator (sole proprietor, general partner, corporate officer or LLC member or manager), have authority to sign this application and to make the statements contained herein. Any misleading, incomplete or false statement shall be grounds for denial of this application.

I stipulate and agree any legal process affecting the business, served on the Manufactured Housing Commission shall have the same effect as if personally served on me and all other general partners or corporate officers of this business, if any. I further agree this appointment shall remain in force as long as any liability of this business shall remain outstanding within the State of Michigan.

(Typed or Printed Name and Title)

(Signature of Operator Required) (Date)

Subscribed and sworn before me, this ____ day of _____, 20 ____ .

A Notary Public in and for _____ County, Michigan.

Signature of Notary Public _____

Printed Name _____

My Commission expires on _____

Note: If the information contained in a record filed with the Department is or becomes inaccurate or incomplete in any material respect, the licensee shall file a correcting amendment within 30 days.