

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 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 Community License

Application for new home sites or previously owned community:

1. Complete the enclosed forms and return them to the Building Division with the nonrefundable fee, after completion of construction of the part of the community where the home sites are located but before homes are occupied, or in the case of a previously owned community, not more than 30 days after the applicant takes control of the community.
2. Your application will not be processed without the fee or if incomplete. There is no written test for this license.

Previously unlicensed sites: An application for previously unlicensed sites must be accompanied by:

1. A completed affidavit of manufactured home community construction. (Enclosed)
2. Written certifications for the community sewer and electrical systems for the same site numbers listed on the affidavit.

When the application, affidavit and certifications are received by the Building Division, the Division will conduct an inspection and ask the Department of Environmental Quality (DEQ) to conduct an inspection of the previously unlicensed sites.

Fee for adding additional sites to an existing license: The \$3.00 fee (\$1.50 fee in a seasonal community) for each additional site does not need to be paid until the combined number of existing and additional sites exceeds 25.

DEQ Certificate of Compliance: A manufactured home community license for a particular manufactured home site(s) will not be issued without a DEQ Certification of Compliance for those sites for the licensing year for which the license is being requested. The DEQ will send a copy of its Certification to the Building Division. Inquiries about a DEQ Certification should be addressed to the Michigan Department of Environmental Quality, Water Division, Constitution Hall, 525 W. Allegan, 2nd Floor, P.O. Box 30603, Lansing, Michigan, 48909-8130, telephone 517-241-1340.

Manufactured home sales, installation, or repair: A manufactured home community license only covers the operation of a manufactured home community. A manufactured home retailer license must be obtained from the Building Division in order to engage in the business of offering manufactured homes for sale, exchange, lease or rent. A manufactured home installer and servicer license must be obtained from the Division in order to install, or disassemble the installation of homes, or service a manufactured home for compensation.

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

Application for Manufactured Home Community License

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

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.

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 of license you are applying for (limit one item per application):

Manufactured Home Community License - Fee \$ _____ Number of Sites _____
 (\$225.00 for 25 sites or less, plus \$3.00 for each site in excess of 25)

Seasonal Community License - Fee \$ _____ Number of Sites _____
 (\$120.00 for 25 sites or less, plus \$1.50 for each site in excess of 25)

Transfer of Existing License As A Successor - Fee \$ _____ Current License Number _____
 (\$225.00 for 25 sites or less, plus \$3.00 for each site in excess of 25)
 (Seasonal: \$120.00 for 25 sites or less, plus \$1.50 for each site in excess of 25)

Additional Sites To An Existing Manufactured Home Community - Fee \$ _____
 (\$3.00 for each site; Seasonal: \$1.50 for each site)

Number of Existing Sites _____ Number of New Sites _____

Changes to Original Application - No fee required. Complete sections 1, 2, 3, 4 and 5. Sign the application. If there are changes to section 4 or 5, complete sections 6 and 7.

1.	BUSINESS		ASSUMED NAMED		
	BUSINESS TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS		
2.	COMMUNITY LOCATION - STREET ADDRESS	CITY	COUNTY		ZIP CODE
	COMMUNITY 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 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.	Have any of the individuals listed in No. 4 or 5 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.)			
		Yes No			
7.	Have any of the individuals listed in No. 4 or 5, 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.)				
	Yes No				

*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.