



CC0195

E-mail: DLI.BusinessLicense@state.mn.us
 Web Site: www.dli.mn.gov/cclid.asp
 Phone: (651) 284-5034

**Manufactured Home Dealer
 License Renewal**

Renewal \$160.00 **Renewal Late \$240.00**

LICENSE FEE IS NONREFUNDABLE
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

**DID YOUR LEGAL BUSINESS STRUCTURE CHANGE?
 If YES, you must submit a new application.**

**Avoid processing delays by submitting your application
 online at <https://secure.doli.state.mn.us/license/intro.aspx>**

**PRINT CLEARLY IN INK OR TYPE
 MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

SPACE IN BOX FOR OFFICE USE ONLY	
Account Number 632405	STK B42MFGLIC
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	

FEDERAL TAX ID (FEIN)	STATE TAX ID	LICENSE NUMBER
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LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>
BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>

THIS RENEWAL MUST BE SUBMITTED ALONG WITH ALL OF THESE REQUIRED DOCUMENTS

- \$160.00 LICENSE FEE** – This fee includes a two year license fee. Note: A \$80 late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3.
- Secretary of State Business Registration Verification** – Except for Individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mbportal.sos.state.mn.us/> to verify registration.
- \$20,000 Manufactured Home Dealer Bond and Power of Attorney** – The bond form submitted **MUST** be an ORIGINAL with the surety seal. NO photocopies will be accepted. A new bond form is available online at www.dli.mn.gov/cclid/formssurety.asp
- Certificate of Insurance** – The Certificate of Insurance **MUST BE COMPLETED BY THE INSURANCE AGENT** and SUBMITTED WITH THIS RENEWAL. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>
- Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED** with this renewal. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>
- New Home Sales** – Submit a list of manufacturers you have sales/franchise agreements with and SUBMIT copies of those sale/franchise agreements. Should include a list of the models or trade names that will be shipped into this state.

I certify that all information enclosed with this license renewal is true and correct. I have read and do understand the State laws regulating manufactured homes and will comply with all of the laws and rules of this state regulating manufactured home manufacturers. I have furnished all information and reports required by the Commissioner, and I or any director, officer, limited or general partner, controlling shareholder, or affiliate of this company do not owe any taxes, fees or arrearages due to any governmental agency.

APPLICANT SIGNATURE	TITLE	DATE
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This material can be made available in different formats, such as large print, braille or on audio.



Mailing Address:
 PO Box 64222
 St. Paul, MN 55164-0222

Disclosure of Business Owners, Partners, Officers and Members

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/cclcd.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

This form must be completed by all business types.

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you have been issued a certificate of exemption, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)

DBA NAME (Doing business as name / assumed name – if applicable)

PHYSICAL BUSINESS ADDRESS (PO Box not accepted)	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS		

LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? Yes No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? Yes No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? Yes No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

This material can be made available in different formats, such as large print, braille or on audio.



Manufactured Home Dealer Surety Bond

Email: dli.license@state.mn.us
Website: www.dli.mn.gov/cclid
Phone: (651) 284-5034

BOND NO.	AMOUNT	EFFECTIVE DATE
	\$20,000.00	

PRINT IN INK or TYPE

KNOW ALL PERSONS BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Minnesota Secretary of State; or if individual proprietor, individual's name.)

(DBA or "doing business as" name if applicable)

With business office at _____
(Business Address) (City) (State) (Zip Code) (Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

(Surety Company Address) (City) (State) (Zip Code) (Telephone number)

a corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are hereby held and firmly bound to the state of Minnesota and any person injured or suffering financial loss by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules related to the Principal's license or any permit applied for and all contracts entered into, in the penal sum of TWENTY THOUSAND DOLLARS (\$20,000.00).

For payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is making application with the Minnesota Department of Labor and Industry to be licensed as, or has been licensed as, a manufactured home dealer with specific privileges and responsibilities under Minnesota Statutes, section 326B, as amended, Minnesota Rules, chapter 1350, as amended, for all manufactured home dealer activities and contracts entered into within the state.

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and rules, including all amendments thereto, pertaining to the license or permit applied for and all contracts entered into, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond, shall in no event exceed the amount set forth above for each two-year period the bond remains in force. The bond penalty shown above is cumulative over each two-year period the bond remains in force, the same as if a separate bond were issued every two years.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled by the Surety at any time upon giving the said Principal and the Minnesota Department of Labor and Industry 30 days' written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days' notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry within 15 days of any bond claim or payment which results in the penal sum of the bond falling below the legal requirement

By their signatures below, the parties certify that the wording of this surety bond is in compliance with Minnesota Statutes, sections 327B.04, subds. 1 and 4(c) and 326B.0921, as constituted on the effective date of this bond. This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall be in effect until cancellation. Effectiveness of this bond is only a component of, and does not constitute required licensure by the State of Minnesota. Principal shall not conduct work or contract to conduct work requiring licensure until the State of Minnesota has issued the license for which Principal has applied.

Signed and sealed this _____ day of _____

(SURETY SEAL)

Print Name of Principal(s)

SIGNATURE OF PRINCIPAL(S)

Print Name of Principal(s)

SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

NAME OF SURETY

File with: Minnesota Department of Labor and Industry
CCLD Licensing and Certification
443 Lafayette Road N.
St. Paul, Minnesota 55155

SIGNATURE OF ATTORNEY IN FACT
(SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership
(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact of _____, the
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said
_____ acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____



CC0512

Mailing Address:
 PO Box 64220
 St. Paul, MN 55164-0220

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/ccld.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

Certificate of Insurance

Covering General Liability and Property Damage

Liability Insurance Coverage: This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 327B.04, Subd. 4(c)(2).

PRINT IN INK or TYPE your responses. Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

LICENSE TYPE Manufactured Home Dealer	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
		<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
DBA ("doing business as" or also known as an assumed name) (if applicable)		STATUTORY REQUIREMENT Policy provides liability insurance in the amount of \$1,000,000.	
STREET ADDRESS (no PO Box)		This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
CITY	STATE	ZIP CODE	
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	NAIC ID
CITY	STATE	ZIP CODE	
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
ADDRESS		ADDRESS	
CITY	STATE	ZIP CODE	
INSURANCE AGENT'S SIGNATURE		DATE	

OFFICE USE ONLY
 Date of DLI Receipt

Certificate Holder

Minnesota Department of Labor and Industry
 CCLD Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155



Manufactured Home Dealer/Realtor Trust Account Information

Mailing Address:
 PO Box 64220
 St. Paul, MN 55164-0220

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/ccld.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

PRINT IN INK or TYPE your responses.

A separate Trust Account Information form is required for each trust account.

LICENSED NAME OF BUSINESS _____

ADDRESS			LICENSE NO.
			MD-
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

This certifies that the above named manufactured home dealer has a trust account at this bank as required by M.S. § 327B.08, subd. 3, 4, and 5.

NAME OF BANK _____

ADDRESS OF BANK			TRUST ACCOUNT NO.
CITY	STATE	ZIP CODE	DATE ACCOUNT OPENED
SIGNATURE OF BANK OFFICIAL			DATE
TITLE			TELEPHONE NUMBER

STATE _____ }
 _____ } ss.
 COUNTY OF _____ }

Sworn and subscribed before me

this _____ day of _____

(SEAL)

Notary Public

County

My commissioner expires _____

When complete, mail to Construction Codes and Licensing Division at the above address.

This material can be made available in different forms, such as large print, Braille or on a tape.



CC0515

Mailing Address:
PO Box 64220
St. Paul, MN 55164-0220

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/cclid.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

Certificate of Compliance
Minnesota Workers' Compensation Law
THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA NAME (Doing business as name / assumed name – if applicable)
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BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees) Explain why your employees are not covered:

- Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, braille or on audio.

Manufactured Home Dealer Salesperson List



LICENSE NO.	NAME OF BUSINESS	BUSINESS PHONE
MD		
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE EMPLOYED	DATE TERMINATED	
DATE OF BIRTH	HOME ADDRESS	CITY OR TOWN
ZIP CODE	HOME PHONE	

This material can be made available in different forms, such as large print, braille or on an audio.