



CC0195

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

**Manufactured Home Dealer Subagency  
 License Renewal**

**Renewal \$75.00**     **Renewal Late \$112.50**

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 <b>632405</b>	STK <b>B42MFGLIC</b>
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
<b>NOTICE:</b> 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**

- \$75.00 LICENSE FEE** – This fee includes a two year license fee of \$75.00. Note: A \$37.50 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://mblsportal.sos.state.mn.us/> to verify registration.
- \$20,000 Manufactured Home Dealer Subagency 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/ccld/formssurety.asp](http://www.dli.mn.gov/ccld/formssurety.asp)
- Certificate of Liability Insurance** – The Certificate of Liability 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 Liability 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 application is true and correct. I have read and do understand the State laws regulating manufactured homes or the sale of manufactured homes and will comply and adhere to those laws and rules. 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 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.



## Manufactured Home Dealer Subagency Bond

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

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$20,000.00</b>	

**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 subagency 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 \_\_\_\_\_

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 443 Lafayette Road North  
 St. Paul, MN 55155  
 Phone: (651) 284-5034  
 Fax: (651) 284-5743  
 TTY/MRS: (651) 297-4198  
 E-mail: DLI.BusinessLicense@state.mn.us  
 www.dli.mn.gov/ccld.asp



CC0512

## 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	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
MFD Home Dealer Subagency			
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"/> <b>Check - Mandatory</b> 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	INSURANCE AGENT'S NAME (Print)	
<b>Data Practices Notice</b> 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
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
<b>Cancellation</b> 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.		ADDRESS	
		CITY	STATE ZIP CODE
		INSURANCE AGENT'S SIGNATURE	DATE

<b>OFFICE USE ONLY</b> Date of DLI Receipt  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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**Certificate Holder**

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

This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

# Certificate of Compliance Minnesota Workers' Compensation Law



CC0515

**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 CERTIFICATE 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 ("doing business as" or also known as an assumed name) (if applicable)

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 CERTIFICATE 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
<b>MD</b>		
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 audio.**