

IDMH-8

**STATE OF NORTH CAROLINA
NORTH CAROLINA MANUFACTURED HOUSING BOARD
1202 MAIL SERVICE CENTER
RALEIGH, NC 27699-1202**

EACH LOCATION MUST BE SEPARATELY LICENSED ANNUALLY (DEALERS SEE BELOW)

- APPLICATION FOR:**
1. _____ Manufactured Home Manufacturer...
\$300.00 per Certificate of Origin Plant
 2. _____ Manufactured Home Dealer...
\$250.00 per county
 3. _____ Set-Up Contractor...
\$250.00

(Licensed payment and appropriate bond must accompany each application)

The data, which you furnish on this form, will be used to assess your qualifications for licensure. You are not legally required to provide this data. However, if you fail to do so, the Manufactured Housing Board will be unable to grant a license. This data will constitute a public record under state law and will be accessible to anyone upon request.

IN COMPLIANCE WITH THE PROVISION OF NORTH CAROLINA STATUTES REGULATING MANUFACTURED HOUSING, I HEREBY MAKE APPLICATION FOR LICENSE AUTHORIZING ME TO ENGAGE IN THE ABOVE BUSINESS, AND IN SUPPORT OF THIS APPLICATION, I MAKE THE FOLLOWING STATEMENTS UNDER OATH:

I understand that the license when issued will be applicable only to the name of the business listed below. The use of other names will require separate licenses.

SECTION I

NOTE: READ THE FOLLOWING CAREFULLY BEFORE PROCEEDING:

If you are using a trade name which is part of a corporation, such as "Super Homes, Inc. dba ABC Mobile Homes", **BOTH** names must be listed below and must match the bond exactly.

If business name is any name other than your first and last name and middle initial, submit to the Board with this application proof of filing this assume name with the County Register of Deeds.

If your business is incorporated, or is a partnership, submit certificate of incorporation of proof (certificate) of partnership, whichever is applicable.

(PRINT OR TYPE)

Applicant's name: (must be owner, partner, or corporate officer)

Name of business to be licensed

Main Office business address (No. and Street)

City County State Zip Code

Phone Number () Fax Number () Email Address

1. Is this a corporation? Yes ___ No ___ State of Incorporation

If answer is Yes, complete one of the three blocks for each business location in North Carolina and plant which ships to North Carolina.

OFFICER	TITLE	% INTEREST

BOARD MEMBER	% INTEREST

PLANT NAME	MANAGER OR GENERAL MANAGER

2. Is this a partnership? Yes _____ No _____ -

If answer is Yes, list partners and their percent of interest in the business.

PARTNERSHIP NAME	% INTEREST

3. Is this a Limited Partnership? Yes ___ No ___

If answer is Yes, list general partner and limited partners: (identify limited partners)

4. **DEALERS ONLY:**

COUNTY BRANCH OFFICE LOCATIONS

A. _____

Address	Town/City	County
_____	(____)	_____
Manager's Name	Area	Telephone

B. _____

Address	Town/City	County
_____	(____)	_____
Manager's Name	Area	Telephone

C. _____

Address	Town/City	County
_____	(____)	_____
Manager's Name	Area	Telephone

D. _____

Address	Town/City	County
_____	(____)	_____
Manager's Name	Area	Telephone

SECTION II

Complete a biographical affidavit of each owner, partner, chief executive officer if a corporation, and the manager or general manager of each business location in North Carolina and plant which ships to North Carolina.

SECTION III

I have read and understand the state laws regulating the sale and/or set-up of manufactured housing.

AFFIDAVIT OF APPLICATION (must be notarized)

_____, hereby states that (we) I shall engage in the business indicated, under the business designated above, only during the tenure of the license for which this application is made. I certify that the statements contained in the foregoing application are true and correct.

Signature of Owner/Partner

COUNTY _____ STATE _____

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

FOR OFFICE USE ONLY