

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification / Plumbing
443 Lafayette Road North
St. Paul, MN 55155

MANUFACTURED HOME DEALER

BUSINESS APPLICATION INSTRUCTIONS

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

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

STEP 1 - Starting a Business in Minnesota: Before submitting a new license application you must choose a business structure for your business entity. To obtain more information relating to starting a business in Minnesota you can contact the Minnesota Department of Employment and Economic Development at <http://www.positivelyminnesota.com/Business> or call 651-556-8425.

STEP 2 – Minnesota Secretary of State Office: Before submitting a new license application you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain information relating to the registration of your business entity or business name in Minnesota. Contact SOS by phone at 651-296-2803 or 1-877-551-6767.

STEP 3 - Tax ID & Employment Insurance - Except for individuals (sole-proprietor) or one-member limited liability companies without employees or taxable sales, all businesses must disclose their Federal Employer Identification Number (FEIN) and their State Tax Identification number. Individuals (sole proprietor) or one member limited liability companies must provide a Social Security number. Tax numbers are available from the state or federal revenue agencies below:

Minnesota Tax Identification Number	651-282-5225
Federal Employer Identification Number	800-829-4933
Employment & Economic Development (Unemployment Insurance)	651-296-6141
Labor & Industry (Workers' Compensation Insurance)	651-284-5032
Revenue (if making retail sales in Minnesota)	651-296-6181 – corporate Sales Tax ID

STEP 4 - Information for use in completing the license application

Legal Business Name:

- **Individual/Sole Proprietor** -The legal business name for all individual proprietors is the full legal name (first, middle, last) of the individual business owner.
- **General Partnerships** - The legal business name of a partnership consisting of two or more individuals, is the full legal names of each partner (first, middle, last) and must include all business partners.
- **All other business types** - The legal business name of a Corporation, Foreign Corporation, Limited Liability Company, Limited Liability Partnership, or Limited Partnerships is the exact business entity name as filed with the Office of the Minnesota Secretary of State

Minnesota Secretary of State (SOS): If your business entity or business name is required to be registered with the SOS, you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain the required business documentation.

Doing Business As (DBA) Name / Assumed Name: Any business operating by a name other than their full legal business name is also required to file a Certificate of Assumed Name with the Minnesota Secretary of State to obtain authority for use of the assumed name. **NOTE:** Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed (DBA) names must be registered with the Office of the Secretary of State.

Physical Address: Must be the physical address of the business, if different from the main address. This address is the primary physical address for work performed in Minnesota by the holder of the license, certificate, or registration. A PO Box is not acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

Mailing Address: Must be the mailing address for the business entity being licensed, certified, or registered, if different from the main address. This address is the primary mailing address for the holder of the license, certificate, or registration. A PO Box is acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

Minnesota Registered Agent: All applicants must provide the name and address of a Minnesota registered agent authorized to receive service of process and give consent to service of process as required by M.S. § 326B.855.

STEP 5 - Before submitting your license application, carefully read and follow the Application Requirements included with this application packet.

Manufactured Home Dealer

New License Application Checklist

Fill out application form in its entirety

CASH IS NOT ACCEPTED BY MAIL OR WALK - IN

Incomplete or Inaccurate Application Forms Will Delay Processing

ALL documentation and fees below are required and must be complete and accurate before a license will be issued.

License Fees \$160.00 Make Check or money order payable to the Department of Labor & Industry

Minnesota Secretary of State (SOS) Registration / Assumed Name Verification

Verification may be available by completing an entity search on line at: www.sos.state.mn.us or you may contact the MN Secretary of State to request verification at 651-296-2803. If your business entity and assumed name, if applicable, must be registered, then the status of your registration(s) must be ACTIVE. (NOTE: No SOS registration is necessary for an individual proprietorship/partnership operating under their full legal name(s))

Manufactured Home Dealer New Application Form

The application form must be complete and signed. Attach a photo of the business location. All information requested on the application form must be provided and complete.

Photograph of Principal Place of Business

The licensed dealer shall submit a current photograph which accurately depicts the principal place of business, and subagency location and unimproved lots to be used for sales and display for which the applicant is requesting a license.

Deed, Contract or Lease.

The licensed dealer shall submit a copy of a valid warranty deed, contract for deed, or lease for a term of not less than one year for the premises housing the principal place of business and each subagency license

Applicant Qualification Form

Attach a copy of Minnesota Driver's License. Provide applicant's work and education experience

Disclosure of Business Owners, Partners, Officers and Members Form

All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day-to-day operations of the business entity being licensed, certified, or registered must be disclosed.

Background Disclosure Form

This form must be completed by **EVERY APPLICANT**. "APPLICANT" as defined by MS § 326B.83 Subd. 2 includes all employees who exercise management or policy control over the residential contracting, residential remodeling, residential roofing, or manufactured home installation activities in the state of Minnesota, including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, a shareholder holding more than ten percent of the voting power of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the membership interests that have been issued.

BCA Form

This form must be completed by **EVERY APPLICANT**. "APPLICANT" as defined by MS § 326B.83 Subd. 2 includes all employees who exercise management or policy control over the residential contracting, residential remodeling, residential roofing, or manufactured home installation activities in the state of Minnesota, including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, a shareholder holding more than ten percent of the voting power of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the membership interests that have been issued.

Verification of Applicant's Experience Form

Applicant must verify that they meet the requirements of Minnesota Statutes § 327B.04

Manufactured Home Dealer Bond

Must be the original bond form issued, signed, sealed and notarized by the Surety Company and must also be accompanied by the Power of Attorney form.

Certificate of Liability Insurance

Obtain from your insurance agent a certificate of liability insurance that provides evidence that your business has general liability insurance coverage meeting the minimum statutory requirements. Acceptable forms are the ACORD 25 (2010/05) Certificate of Liability Insurance or a DLI form that can be found online at www.dli.mn.gov/CCLD/FormsCert.asp. The certificate must show the legal business entity as the insured. If using an assumed name, the certificate must show the insured as the legal business entity's name dba the assumed name.

Workers' Compensation Certification of Compliance Form

All applicants must provide evidence of compliance with Minnesota's workers' compensation insurance requirement. You may provide a certificate of insurance showing your business is covered by workers' compensation insurance. Or, you may complete and submit the department's Certificate of Compliance with Minnesota's Workers' Compensation Laws, which is available online at www.dli.mn.us/cclld/forms.asp. Applicants claiming exemption from workers' compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form.

Manufactured Home Dealer Salesperson List - See instructions.

Manufactured Home Dealer / Realtor Trust Account Information

To be completed only if brokering or listing used manufactured homes. Complete a separate form for all trust accounts.

New Home Sales

For applicants who are selling new manufactured homes. Submit a list of manufactured home manufacturers you have sales/franchise agreements with and submit copies of current sales/franchise agreements.



CC0505

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

Manufactured Home Dealer NEW LICENSE APPLICATION

New Business Structure Change
(New license # will be issued)

License Fees = \$160.00

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY
 LICENSING FEES ARE NONREFUNDABLE**

**Depositing of license fee does not constitute
 granting of the license applied for**

Dealer will be: (Check applicable box or boxes below)

- Brokering or Listing Used Manufactured Homes**
- Selling New Manufactured Homes**
- Selling Used Manufactured Homes**

PRINT IN INK OR TYPE

MAKE A COPY OF THIS APPLICATION FOR YOUR RECORD

SPACE IN BOX FOR OFFICE USE ONLY			
Account #	632405	STK	B42MFLIC
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.			
APPLICATION NUMBER:		LICENSE NUMBER:	

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification number, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are licensed, the information you provide, other than your Social Security Number and non-designated address, becomes public data and may be released to anyone upon request.

1. BUSINESS TYPE: (check only one) **State business is organized in:**

<input type="checkbox"/> Individual (sole proprietor)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Limited Liability Company
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other (specify)	

2. The following information must be provided unless the applicant is an individual (sole proprietor) or one-member limited liability company and does not have employees or taxable sales: (See the application instructions if the company is from outside of Minnesota and is not required to withhold Minnesota income taxes)

Federal Employer Tax Number (FEIN) (if applicable)	Minnesota Tax Number (MN ID) (if applicable)	Employment Insurance Acct No (if applicable)
If the applicant is an individual (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.		Social Security Number

3. NAME OF BUSINESS TO BE LICENSED

5. BUSINESS TELEPHONE NUMBER	6. OTHER TELEPHONE NUMBER	7. E-MAIL ADDRESS
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The following established place of business is located in an area where zoning regulations allow commercial activity

8. VERIFIED BY (name of local zoning administrator)	DATE	COUNTY
9. MAIN OFFICE BUSINESS ADDRESS (PO Box is acceptable)	CITY	STATE ZIP CODE

Second page must be completed and signed by applicant.

10. THIS BUSINESS LOCATION IS Owned by the applicant Under a one year minimum lease

11. If Manufactured Home dealer business is conducted at locations other than the address shown under #10, list address and phone number below. Out of state businesses, except states contiguous with Minnesota, must provide their Minnesota place of business and telephone number.

STREET ADDRESS	CITY	STATE	ZIP CODE
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12. Do you have employees? Yes No Whether you have employees or not, you must also complete the worker's compensation Certificate of Compliance form located on our website at www.dli.mn.gov

13. APPLICANT (must be owner, partner, or corporate president)	DATE OF BIRTH	SOCIAL SECURITY NO
Full Legal Last Name (include suffix) Full Legal First Name MI		

14. NAME OF MANAGER	MANAGER'S TELEPHONE NUMBER
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ADDRESS OF MANAGER	CITY	STATE	ZIP CODE
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This is to certify that the business entity and applicant making this application are in compliance with the provisions of M.S. 327B.04, Subd. 8, including:

- (a) Compensation of any employees selling manufactured homes will be reported on an Internal Revenue Service W-2 form.
- (b) All contracts to sell a manufactured home, for which a license is required, will be in the name shown on my manufactured home dealer license and include the license number.
- (c) All business forms and advertising (e.g., signs, vehicles, business cards, published display ads, flyers, brochures, websites, and internet ads) will be in the name shown on my manufactured home dealer license and include the issued license number.
- (d) I will immediately notify the Department in writing of any change of address, telephone number, legal business structure, change of contact person, employment of others, or other information required on my application.
- (e) I understand and accept that the Department of Labor and Industry, pursuant to M.S. 326B.082, may revoke, suspend, or limit this license or refuse to issue a license if I knowingly and willfully made a false statement in this application.

I hereby declare that any statements herein are true and complete, with the same force and effect as though given under oath. One of the officers listed on the attached Disclosure of Business Owners, Partnership, Officers and Members form must sign below as the applicant. If partnership then all partners must sign below:

APPLICANT SIGNATURE	TITLE	DATE
APPLICANT SIGNATURE	TITLE	DATE
APPLICANT SIGNATURE	TITLE	DATE

STAPLE PHOTO OF BUSINESS LOCATION BELOW:

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/cclid.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.



CC0513

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

Background Disclosure Form Business / Contractor / Qualifying Person

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

This form must be completed by every APPLICANT. "APPLICANT" as defined by MS § 326B.83 Subd. 2 includes all employees who exercise management or policy control over the residential contracting, residential remodeling, residential roofing, or manufactured home installation activities in the state of Minnesota, including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, a shareholder holding more than ten percent of the voting power of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the membership interests that have been issued.

Minnesota Statutes § 326B.83, subd 2, requires the disclosure of certain criminal, civil action, and financial information from the legal business entity applying to be licensed and its directors, officers, members, limited or general partners, controlling shareholders or affiliates. You are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in denial of the same. The information provided by individuals on this form is private data on individuals while the application is pending and then becomes public data after the license is issued. Disclosure of this information to others may occur as authorized or required by law, upon court order, and/or for the purpose of verification and investigation. Failure to submit the Business/Contractor Background disclosure form, failure to disclose any material information, or making false or misleading statements with respect to any material fact is cause to deny, suspend or revoke the license.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH		
PHYSICAL STREET ADDRESS (no PO Box)		CITY	STATE	ZIP CODE	COUNTY
LEGAL BUSINESS NAME and DBA				TELEPHONE NUMBER	

Work History for the past five years (attach additional pages if necessary)

Business Name	Description of Employment	Dates of Employment	
		From	To

If you answer yes to any of the questions below you must attach documentation providing details to enable the Department to evaluate your application fairly and completely. Please attach this documentation directly to your application. NOTE: failure to provide this documentation may significantly delay the processing of your application and may eventually result in the application being denied.

- 1) Have you ever held any occupational or professional license in any state including Minnesota?
 If Yes, list the state(s) and the license type(s) for each license you've held. _____ Yes No

- 2) Have you, as the applicant, qualifying person, or any employee ever had a professional or vocational license reprimanded, censured, limited, conditioned, refused, suspended or revoked, or have you ever been the subject of any administrative action or been affiliated with a business entity that has had action taken against it? Yes No

- 3) In the past 10 years, have you been charged with, pleaded to or been convicted of any criminal offense in any state or federal court? Include any felonies, gross misdemeanors or misdemeanors, but do not include any traffic violations (including DUI or DWI). Yes No

- 4) Have you ever been named as a debtor in a judgment arising from a civil action involving allegations of fraud, construction defect, misrepresentation, negligence, breach of contract, or conversion of funds? Yes No

- 5) Have you as the applicant, managing employee or qualifying person ever filed for bankruptcy or protection from creditors or have any unsatisfied judgments against you or a business entity with which you have been affiliated? Yes No

- 6) Has there been a sale or transfer of the business or any other change in ownership, control, or business name within the last five years? Yes No

CERTIFICATION

I certify that all of the information submitted on this disclosure and attachments is true and complete and that this document has not been changed in any manner from the form adopted by the Department of Labor and Industry.

SIGNATURE OF APPLICANT (mandatory)	TITLE (mandatory)	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 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

BCA FORM
Bureau of Criminal Apprehension
Criminal Background Check



CC0514

PRINT IN INK or TYPE your responses

THIS FORM MUST BE COMPLETED AND SIGNED BY THE QUALIFYING PERSON. THE DEPARTMENT OF LABOR AND INDUSTRY REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS.

TO: Bureau of Criminal Apprehension

RE: Request for criminal background check

PROVIDE QUALIFYING PERSON'S COMPLETE LEGAL NAME

LAST NAME (if legal list name is hyphenated, enter both names here)

FIRST NAME

MIDDLE NAME

ADDITIONAL MIDDLE NAME (if applicable)

MAIDEN NAME (if applicable)

FORMER LIST NAME or OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)

SOCIAL SECURITY NUMBER

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY

NAME OF THE COMPANY

COMPANY'S ASSUMED NAME (if applicable)

COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER

YOUR TITLE OR POSITION IN THE COMPANY

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, and my company have made application to the Minnesota Department of Labor and Industry for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.

SIGNATURE OF QUALIFYING PERSON (mandatory)

DATE

This material can be made available in different forms, 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 <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



CC0515

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 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 a tape.



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

Notary Public

this _____ day of _____

County

(SEAL)

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.

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
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



Verification of Applicant's Experience

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

PRINT IN INK or TYPE your responses.

E-mail: dli.license@state.mn.us
Telephone: (651) 284-5034

The information provided on this form and any required attachments will be used to determine whether the applicant meets the license requirements. Failure to provide the requested information may delay the processing of the application or may be grounds for denying the application. Data provided on the application and attachments is public except for data provided on individuals, which under M.S. § 13.41 is private data (excluding name and mailing address) while the application is pending. Individuals are required to provide their social security numbers pursuant to M.S. § 270C.72, Subd. 4, before a license may be issued. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Individual's applicant information becomes public data (except the individual's social security number) and part of the agency's permanent records once the license is issued.

Requirement of Minnesota Statute Chapter 142 of the Laws of 1983 Amending Section 327B.04, subd. 4 of Minnesota Statutes of 1982 which states, ". . . evidence of having had at least two years' prior experience in the sale of manufactured homes, working for a licensed dealer." Effective May 13, 1983.

APPLICANT FIRST NAME	MIDDLE INITIAL	LAST NAME
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I, the applicant, have had a minimum of two years experience in the sale of manufactured homes, working for a licensed dealer.

BUSINESS NAME OF DEALER

STREET ADDRESS	TELEPHONE NUMBER
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CITY	STATE	ZIP CODE
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DATES OF EMPLOYMENT:	FROM (month/day/year)	TO (month/day/year)
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If you did not work for two years for the above dealer, fill out spaces below so the required two years employment is shown.

BUSINESS NAME OF DEALER

STREET ADDRESS	TELEPHONE NUMBER
----------------	------------------

CITY	STATE	ZIP CODE
------	-------	----------

DATES OF EMPLOYMENT:	FROM (month/day/year)	TO (month/day/year)
----------------------	-----------------------	---------------------

BUSINESS NAME OF DEALER

STREET ADDRESS	TELEPHONE NUMBER
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CITY	STATE	ZIP CODE
------	-------	----------

DATES OF EMPLOYMENT:	FROM (month/day/year)	TO (month/day/year)
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This material can be made available in different forms, such as large print, braille or on audio.

Minnesota Department of Labor and Industry
Financial Services/Manufactured Homes
PO Box 64220
St. Paul, MN 55164-0220
Phone: (651) 284-5034
Fax: (651) 284-5743
E-mail: DLI.License@state.mn.us
www.dli.mn.gov/cclid.asp

Applicant Qualification Form

PROOF OF IDENTITY

Attach photocopy of current
Minnesota Driver's License or
other current identification
showing photo and signature,
within dotted lines at right.



Education:

Work experience:

Experience in related field:

Business history for last five years (give dates):