

Manufactured Home Manufacturer

New License Application Checklist Fill out application form in its entirety

CASH IS NOT ACCEPTED BY MAIL OR WALK - IN

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

Incomplete or Inaccurate Application Forms Will Delay Processing

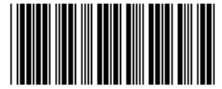
ALL documentation and fees below are required and must be complete and accurate before a license will be issued.

- License Fees \$198.00 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 Manufacturer 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.
- 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.
- Manufactured Home Manufacturer's 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.
- Notarized list of dealers with whom you have a bona fide franchise or written agreement**
- List of models or trade names that will be shipped into this state**
- DAPIA Installation Manuals**
Attach a copy of all currently approved DAPIA Installation Manuals

This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198

App Check List – MFD Home Manufacturer

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services /
 Manufactured Structures
 PO Box 64220
 St. Paul, MN 55164-0220



CC0505

**Manufactured Home Manufacturer
 NEW LICENSE APPLICATION**

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

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

License Fees = \$198.00

**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**

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

SPACE IN BOX FOR OFFICE USE ONLY			
Account #	632405	STK	B42MFG LIC
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. NAME OF BUSINESS TO BE LICENSED (as registered with the Office of the Secretary of State)		Minnesota Tax Number (MN ID) (if applicable)	
2. ADDRESS OF PRINCIPAL LOCATION (PO Box not acceptable)		CITY	STATE
			ZIP CODE
3. NAME OF MANAGER		BUSINESS TELEPHONE NUMBER	

This is to certify that the company making this application is in compliance with the provisions of M.S. § 327B.04
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

This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198



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

Background Disclosure Form Business / Contractor / Qualifying Person

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
------------------------------------	-------------------	------

This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



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

Disclosure of Business Owners, Partners, Officers and Members

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 are licensed, 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.

If the business is an individual, partnership, corporation, foreign corporation or a limited liability company, the names, addresses, social security numbers, and signatures of all additional owners, partners, officers, or members owning 10 percent or more of the company, must be completed on this form. Please copy this form if you need additional space.

LEGAL NAME OF BUSINESS (Individual name only if no company name is used)	LICENSE/REGISTRATION #
---	-------------------------------

ASSUMED NAME - DBA (doing business as or assumed name) (if applicable)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
-------------------------	-------------	--------------	-----------------

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

LAST NAME (include suffix)	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)	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)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (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. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198

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

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
E-mail: DLI.License@state.mn.us
www.dli.mn.gov



CC0516

Manufactured Home Manufacturer's Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	\$20,000	

PRINT IN INK or TYPE

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Secretary of State)

(DBA, 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, their successors, assigns, and legal representatives are held and firmly bound, jointly and severally, to the State of Minnesota and any third party sustaining injury within the terms of this bond for payment in the amount of **TWENTY THOUSAND DOLLARS (\$20,000)**, as provided in M.S. 327B.04, subd. 4c. This bond is exclusively for the purpose of reimbursement of consumer customer claims, pursuant to M.S. 327B.11.

The condition of this obligation is that the Principal has applied for a Minnesota Manufactured Home Manufacturer's license to be issued upon the furnishing of this bond, if the Principal faithfully complies with all of the statutes of the State of Minnesota, regulating or being applicable to the business of the Principal as a manufacturer of manufactured homes and indemnifies any person dealing or transacting business with the Principal in connection with any manufactured home from any loss or damage occasioned by the failure of the Principal to comply with any of the laws of the State of Minnesota, then no obligation under this bond shall accrue; otherwise, this obligation shall remain in full force and effect.

The terms of this bond shall be continuous and shall constitute a new obligation in the sum of **\$20,000** for each annual license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one annual license period shall in no event exceed the sum of **\$20,000**.

The Surety Company shall notify the Department of Labor and Industry, Construction Codes and Licensing Division, in writing prior to payment of any claim against this bond. If, within 10 days of receipt of notification, the Department of Labor and Industry does not object in writing, the claim may be paid. M.S. 327B.11, Subd. 2.

This bond may be canceled by the Surety, as to future liability, by giving written notice by Certified Mail, addressed to the Principal at the address as stated in this bond, and to the Department of Labor and Industry, Construction Codes and Licensing Division, 443 Lafayette Road No., St. Paul, MN 55155. Thirty (30) days after the mailing of that notice, this bond shall be null and void as to any liability thereafter arising, the Surety remaining liable, however, subject to all the terms, conditions, and provisions of this bond, for any and all acts covered by this bond up to the date of the cancellation.

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.

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

NAME OF SURETY

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

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
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.
--	------------------------	-------------------

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
COUNTY	E-MAIL ADDRESS		

**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
---------------------------------	-------	------

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. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.