



CC0195

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

**Manufactured Home Manufacturer
 License Renewal**

License Fees = \$198.00

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

LICENSE 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 RECORDS**

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

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

LICENSE NUMBER	FEDERAL TAX ID (FEIN)	STATE TAX ID
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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"/>
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BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>
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THIS RENEWAL MUST BE SUBMITTED ALONG WITH ALL OF THESE REQUIRED DOCUMENTS

- \$198.00 LICENSE FEE** – This fee includes a two year license fee of \$180 and an \$18.00 E-Licensing fee.
- 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.
- Certificate of Insurance** – The Certificate of Insurance **MUST BE COMPLETED BY THE INSURANCE AGENT** and SUBMITTED WITH THIS RENEWAL. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>
- Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED** with this renewal. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>

CHANGE OF OWNERSHIP REQUIRES A NEW LICENSE

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

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