

STAPLE PHOTO OF BUSINESS LOCATION HERE

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
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Manufactured Home Dealer Change of Address

PRINT IN INK or TYPE your responses.
Unreadable or illegible applications will be denied.

EFFECTIVE DATE _____

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.

Instructions:

Before a License for the new location can be issued, the "old" present license must be submitted with the completed change of address application. Also furnish the following:

1. Photo of new location. Staple or clear tape hinge photo within the dotted lines. If using space within a commercial building, provide a floor plan. This may be a rough sketch to verify compliance with Minn. Rule 1350.7200, subp. 2.
2. Photocopy of warranty deed, contract for deed or one year minimum lease for the real estate and, in addition, proof of ownership of a manufactured home if used as the office. Proof of ownership is a copy of Title listing the dealership as owner.
3. Enter the actual or proposed effective date in the box provided – upper right hand corner.
4. A bond rider or a new bond showing new address.
5. A new certificate of liability insurance showing new address.
6. A new workers' compensation certificate showing new address.

I will be: (check applicable box or boxes)

Selling New Manufactured Homes

Brokering or Listing Used Manufactured Homes

Selling Used Manufactured Homes

USE OF ANY BUSINESS NAME OTHER THAN GIVEN, REQUIRES A SEPARATE LICENSE.

I state that the following established place of business is located in an area where zoning regulations allow commercial activity.

VERIFIED BY (name of local zoning administrator)	DATE
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Check applicable box: I own this location I have a one year minimum lease

APPLICANT'S NAME (must be owner, partner or corporate president)

NAME OF BUSINESS TO BE LICENSED

MAIN OFFICE BUSINESS ADDRESS (number and street) PHONE NO.

CITY STATE ZIP CODE COUNTY

NAME OF MANAGER MANAGER'S HOME PHONE NO.

MANAGER'S HOME ADDRESS CITY STATE ZIP CODE

Office Use Only	DATE RECEIVED	DATE ISSUED	LICENSE NO.
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This material can be made available in different forms, such as large print, braille or on an audio.