



Application for Manufactured Home or Modular Unit Certificate of Dealer Registration

(Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both)

Transmittal Number (PSC Office Use Only)		Check Number (PSC Office Use Only)			Check Amount (PSC Office Use Only)		
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal		If Renewal, Registration Number:			<input type="checkbox"/> Manufactured (HUD) Home Dealer <input type="checkbox"/> Modular Unit Dealer		
DEALERSHIP INFORMATION				CORPORATIONS ONLY - ADDRESS			
Dealership Name				Corporate Name			
Street Address of Bona Fide Established Place of Business (Not P.O. Box)				Address			
City	State	Zip Code	County	City	State	Zip Code	
Phone	Fax			Phone	Fax	FEIN	
E-mail				E-mail			
PREVIOUS DEALERSHIP INFO - Have you previously owned a dealership under a name other than what is listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, please list previously owned dealership(s) name & address:							
Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorships <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC Company				If a Corporation, State of Incorporation			
YOU MUST ATTACH: Statement of No Taxes Due – Call the Department of Revenue @ 573-751-9268 to obtain. Corporations, LLC's & Partnerships only: Must also attach a Certificate of Good Standing - Call the Secretary of State's Office at 573-751-4153 to obtain. Corporations: Must submit a copy of their Articles of Incorporation and Company By-laws with their initial registration.							
LIST ALL OWNERS BELOW		If a Partnership, list name & address of each partner. If a Corporation, list names, addresses & titles of principal officers.					
Name (Last, First, MI)	Home Address			City	State	Zip Code	Social Security #
1.							
2.							
3.							
4.							
UNITS SOLD – Number of units sold in prior 12 months		New	Used	List Manufacturers			
INSTALLERS – Certified Installer(s) performing your HUD home installations: List name(s) or license #(s). Modular Only Installations? <input type="checkbox"/> No <input type="checkbox"/> Yes							
FELONY INFORMATION							
Has owner (or any partner, if partnership, or officer, if corporation) within the preceding ten (10) years been convicted in any Federal or State court of a felony relating to the acquisition or transfer of a manufactured home or any other form of property? <input type="checkbox"/> No <input type="checkbox"/> Yes							
If yes, provide the following	Date	Court	Conviction			Sentence	
MISDEMEANOR INFORMATION							
Has owner (or any partner, if partnership, or officer, if corporation) within the preceding five (5) years been convicted in any Federal or State court of a misdemeanor relating to the acquisition or transfer of a manufactured home or any other form of property? <input type="checkbox"/> No <input type="checkbox"/> Yes							
If yes, provide the following	Date	Court	Conviction			Sentence	
CERTIFICATION							
I do solemnly affirm and verify that the concern named herein is a bona fide dealer and I have the authority to make the statements contained herein and to sign this application.							
Signature of Owner, Partner or Corporation Officer						Date	
Please remit this completed application to the address below along with the Registration Fee of \$200 . Make all checks payable to the Missouri Director of Revenue .							