

Missouri Public Service Commission

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Commissioner

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JOHN P. MITCHELL Commissioner

RENEWAL NOTICE

To: Missouri Manufactured Housing & Modular Unit Dealers

From: David Freeman, Regulatory Compliance Manager

Subject: 2025 Dealer License Renewal Information

Find enclosed the renewal application for your Missouri Dealer License. This application is also available on our web page at www.psc.mo.gov; select Manufactured Housing; Dealer Information; Dealer Forms; Dealer Renewal.

All dealer licenses will expire on **January 15, 2025**. The renewal fee is \$200 per dealer location. Both HUD homes and Modular Units can be sold from the same location and only one license is required.

Please complete the enclosed application form carefully, ensure all sections of the application are complete, and submit the required information as listed under Dealer Registration Requirements.

If the Dealer is doing business under a different name than the Corporation, LLC, or Partnership, a "Fictitious Name" registration is also REQUIRED to be filed with the Missouri Secretary of State Office. To obtain registration information, contact the SOS's office @ 573-751-4153 or visit their website @ https://www.sos.mo.gov/.

NOTE: If you need assistance, call our department @ 1-800-819-3180.



Missouri Public Service Commission

Application for Manufactured Home or Modular Unit Certificate of Dealer Registration

Transmittal Number (PSC Office Use Only)		neck Number (PSC	C Office Use Only)		Check Amount (PSC Office Use Only)					
□ New Application □ Renewa	al If	If Renewal, Registration Number:				□ M	Check Box: Manufactured (HUD) Home Dealer Modular Dealer			
DEALERSHIP INFORMATION					CORPORATION / LLC / PARTNERSHIP INFORMATION					
Dealership Name					Corporate / LLC / Partnership Name					
Street Address of Business (Physical Location)					Address					
City	State	Zip Code	County		City		State		Zip Code	
Phone	Fax				Phone	Fa	Х	FEIN		
Dealership E-mail					Corporate E-mail					
Dealer Mailing Address, if different than above					Corporate / LLC / Partnership Mailing Address, if different than above					
City	State	Zip Code	County		City	State		Zip Code		
PREVIOUS DEALERSHIP INFO - Have you previously owned a dealership under a name other than what is listed above? No Yes If yes, please list previously owned dealership(s) name & address:										
Type of Ownership (Check One) □Individual/Sole Proprietorships □Partnership □Corporation □ LLC Company					If a Corporation, State of Incorporation					
 Complete entire application, including signature and date (Required) Provide "Certificate of No Tax Due" – Call the Missouri Department of Revenue @ 1-573-751-9268 or visit: https://dor.mo.gov/business/sales/notaxdue/ (Required) (If the dealer does not have a Missouri Tax ID Number subject to Missouri Sales Tax under Chapter 144 RSMo, complete and notarize the enclosed affidavit in lieu of "Certificate of No Tax Due.") Provide "Certificate of Good Standing" - Call the Missouri Secretary of State Office at 573-751-4153 or visit: https://www.sos.mo.gov/business/corporations/generalinfo#goodStanding (Required - ONLY for a Corporation, LLC, or Partnership) (If, the Dealer is doing business under a different name than the Corporation, LLC or Partnership a "Fictitious Name" registration is also REQUIRED to be filed with the Missouri Secretary of State Office.) Provide a copy of "Articles of Incorporation" and "Company By-Laws" (Required - ONLY for a Corporation's INITIAL registration, NOT for renewal) Registration Fee: \$200, made payable to: Missouri Director of Revenue (Required) MAIL: Application, Supporting Documents, and Registration Fee to: Department of Manufactured Housing, PO Box 360, Jefferson City, MO 65102 										
LIST OWNERS BELOW	If a Partn		of each	n partner. If a Corporation, list names/addresses/titles of principal officers.						
Owner(s) Name (Last, First, MI)		Mailing Address			City	State	Zip Code		Title	
INSTALLERS – List Name(s) and License Number(s) of Certified Installer(s) performing your new HUD home installations:										
FELONY INFORMATION (Check Box)										
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?										
If yes, provide the Date following	s, provide the Date Court Convic						Sentence	Sentence		
MISDEMEANOR INFORMAT	ION (Check B	ох)								
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? No Yes										
If yes, provide the following	Court		С	Convictio	n		Sentence	Sentence		
CERTIFICATION										
I CERTIFY that all statements and information furnished regarding this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification by the program director and I agree to furnish supporting documents or information when so requested. 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, LLC, or Corporation Officer						Date	Date			