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Missouri Public Service Commission

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Staff Director

RENEWAL NOTICE

To: Missouri Manufactured Housing & Modular Unit Dealers

From: Justin Smith, Program Manager

Subject: Dealer License Renewal Information

Find attached 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 must be renewed by January 15th of each year. 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 and make sure all sections of the application are complete.

If, the Dealership 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's Office. To obtain registration information, contact SOS's office @ 573-751-4153 or visit their website @ www.sos.mo.gov.

"Dealer Monthly Sales Reports" must be up-to-date for the current year and submitted to the Department of Manufactured Housing and Modular Units Program before your dealer license can be renewed.

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)		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:			Check Box: <input type="checkbox"/> Manufactured (HUD) Home Dealer <input type="checkbox"/> 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	Fax	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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list previously owned dealership(s) name & address:							
Type of Ownership (Check One) <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			
DEALER REGISTRATION REQUIREMENTS: 1. Complete entire application, including signature and date (Requirement – ALL DEALERS) 2. Provide "Certificate of No Tax Due" – Call the Department of Revenue @ 1-573-751-9268. (Requirement – ALL DEALERS) (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.") 3. Provide "Certificate of Good Standing" - Call the Secretary of State's Office at 573-751-4153 (Requirement - ONLY for Corporation, LLC, Partnership) (If, the Dealership 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's Office.) 4. Provide a copy of "Articles of Incorporation" and "Company By-Laws" (Requirement – ONLY for Corporations initial registration – NOT for renewal) 5. Registration Fee: \$200, made payable to: Missouri Director of Revenue (Requirement – ALL DEALERS) 6. MAIL: Application, Supporting Documents, and Registration Fee to: Department of Manufactured Housing, PO Box 360, Jefferson City, MO 65102							
LIST OWNERS BELOW		If a Partnership or LLC, list name/address of each 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? <input type="checkbox"/> No <input type="checkbox"/> Yes							
If yes, provide the following	Date	Court	Conviction	Sentence			
MISDEMEANOR INFORMATION (Check Box) 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 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	



**Missouri Public Service Commission
Manufactured Housing & Modular Units Program**

AFFIDAVIT

(In Lieu of "Certificate of No Tax Due")

I _____, of _____

(Owner or Authorized Agent of Dealership)

(Dealership Name)

do hereby certify that as a licensed Missouri Manufactured Home Dealer pursuant to Chapter 700 of the Missouri Statutes, I do not have a Missouri Tax ID Number subject to Missouri Sales Tax under Chapter 144 RSMo.

Signed:

Owner or Authorized Agent

Date

Subscribed and sworn to before me this ____ day of _____, _____

Day

Month

Year

Notary Public

Commission Expires: _____

Office Use Only:

Dealer Registration No.: _____