



Missouri Public Service Commission

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GLEN KOLKMEYER
Commissioner

RENEWAL NOTICE

To: Missouri Manufactured Housing & Modular Unit Dealers
From: Justin Smith, Regulatory Compliance Manager
Subject: 2023 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, 2023. 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 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 @ 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) | | 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 (Required) 2. 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.") 3. Provide "Certificate of Good Standing" - Call the Missouri Secretary of State Office at 573-751-4153 or visit: https://startabusiness.org/mo/certificate-of-good-standing/ (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.) 4. Provide a copy of "Articles of Incorporation" and "Company By-Laws" (Required – ONLY for a Corporation's INITIAL registration, NOT for renewal) 5. Registration Fee: \$200, made payable to: Missouri Director of Revenue (Required) 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.: _____