



**APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR  
 MANUFACTURERS, DISTRIBUTORS AND DEALERS  
 (PART A)**

**SECTION 1 – PURPOSE OF APPLICATION**

MUST BE COMPLETED

Check the applicable boxes to indicate the purpose of this application submittal and follow the instructions provided.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Obtain Original License<br>(Complete Sections 2, 4, 6)                  | <input type="checkbox"/> Transfer License to New Location<br>(Complete Sections 2, 3, 6)<br>(Return License) | <input type="checkbox"/> Change of Ownership by: Termination or Addition of Partners or Members of a Limited Liability Company (LLC); change type of ownership structure to an LLC or to a Corporation<br>(Complete Sections 2, 4, 5, 6)<br>(Return license if changing to a partnership, LLC or Corporation) |
| <input type="checkbox"/> Obtain License for Secondary Location(s)<br>(Complete Sections 2, 4, 6) | <input type="checkbox"/> Close Location<br>(Complete Sections 2, 3, 6)<br>(Return License)                   |   |

**TYPE LICENSE** (Check all applicable boxes)

- Manufacturer  
 Dealer  
 Distributor

**TYPE UNIT SOLD, RENTED OR LEASED** (Check all applicable boxes)

- |                          |                          |                    |
|--------------------------|--------------------------|--------------------|
| NEW                      | USED                     |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | MH-Unit            |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial Modular |

**THIS APPLICATION SHALL BE ACCOMPANIED BY THE APPROPRIATE FEES IN CALIFORNIA CODE OF REGULATIONS, TITLE 25 (HEREINAFTER 25CCR), SECTION 5040. IF A DOING BUSINESS AS (DBA) OR FICTITIOUS NAME IS USED PROVIDE EVIDENCE THE NAME IS REGISTERED WITH THE PROPER AUTHORITIES PURSUANT TO HEALTH AND SAFETY CODE SECTION 18058.5.**

**SECTION 2 – PLACE OF BUSINESS INFORMATION** (Type or Print)

LICENSE NUMBER (If applicable): \_\_\_\_\_ E-MAIL ADDRESS (If applicable): \_\_\_\_\_

PRIMARY LOCATION INFORMATION: \_\_\_\_\_  
 Name of individual owner(s), partner(s), member(s) (LLC), or authorized officer(s) (corporation)

Business Name: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DBA Name (If applicable): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Number and Street City State ZIP Code

MAILING ADDRESS (If different): \_\_\_\_\_  
Number and Street City State ZIP Code

SECONDARY BUSINESS LOCATION(S) INFORMATION: List all secondary locations below. Check the appropriate box to indicate whether each location listed is a new or existing location. Submit a separate application form, Part C, for each new business location listed.

BUSINESS/DBA NAME	STREET ADDRESS AND CITY	TELEPHONE	NEW	EXISTING

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO IDENTIFY MORE LOCATIONS

**SECTION 3 – PREVIOUS LOCATIONS** (Type or Print)

Complete this section to describe location(s) being closed or moved.

BUSINESS/DBA NAME	STREET ADDRESS AND CITY	TELEPHONE	EFFECTIVE DATE	CLOSED	MOVED

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO IDENTIFY MORE LOCATIONS

**SECTION 4 – CURRENT OWNERSHIP STRUCTURE** (Type or Print)

- INDIVIDUAL   
  PARTNERSHIP   
  LIMITED LIABILITY COMPANY (LLC)   
  CORPORATION

- In Column A, indicate with an "X" those persons who will participate in the direction, control and/or management of the manufacturing or sales operations of the business. Persons indicated as participating in the direction, control and/or management of the business are subject to the requirements specified in 25CCR, Division 1, Chapter 4, Subchapters 1 and 2, Sections 5020, 5024, 5025, 5302 or 5304, as applicable.
- List below, as appropriate, the name(s) and title(s) of the Individual Owner, all Partners of the Partnership (designate whether General or Limited), all Corporate Officers, Directors and Controlling Stockholders of the Corporation (include designated Managing Employee, if applicable), or manager(s) for an LLC.

COLUMN A	LAST	FIRST	MIDDLE	TITLE

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO IDENTIFY ADDITIONAL PERSONS

