



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

**SECTION 1 – PURPOSE OF APPLICATION**

CHECK THE APPROPRIATE BOX TO INDICATE THE PURPOSE OF THIS APPLICATION SUBMITTAL.

- ORIGINAL LICENSE  
 LICENSE FOR A SECONDARY LOCATION  
 TRANSFER A LICENSE TO A NEW LOCATION

**NOTE:** COMPLETE A SEPARATE APPLICATION, PART C, FOR EACH NEW ESTABLISHED PLACE OF BUSINESS FOR THE ABOVE TRANSACTIONS. IF DOING BUSINESS AS (DBA) OR FICTITIOUS NAME IS USED PROVIDE EVIDENCE THE NAME IS REGISTERED WITH THE PROPER AUTHORITIES PURSUANT TO HEALTH AND SAFETY (HSC) CODE SECTION 18058.5.

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

BUSINESS NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

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

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

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

**SECTION 3 – PROPERTY OWNERSHIP INFORMATION** (Type or Print)

PROPERTY OWNER NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

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

**SECTION 4 – PLACE OF BUSINESS COMPLIANCE CERTIFICATION** (Type or Print)

1. Will the books and records pertinent to the business be located at the listed location and available for inspection? Yes \_\_\_ No \_\_\_

Reference: Health and Safety Code (hereinafter HSC), Sections 18045.5 and 18045.6; California Code at Regulations, Title 25 (hereinafter 25CCR), Chapter 4, Section 5011.

If no, list address where books and records will be available for inspection. \_\_\_\_\_

2. For manufacturers, is the office situated on the same property as the manufacturing area? Yes \_\_\_ No \_\_\_

**NOTE: THE FOLLOWING QUESTIONS APPLY TO DEALERS ONLY**

3. Is the office at the listed location temporary, transitory or mobile in nature? Yes \_\_\_ No \_\_\_

Reference: HSC Sections 18045.5 and 18045.8; 25CCR Section 5013.

If yes, do you propose to purchase a new MH-Unit or commercial modular for use as the office? Yes \_\_\_ No \_\_\_

4. Is the office in a MH-Unit or commercial modular? Yes \_\_\_ No \_\_\_

Reference: HSC Sections 18045.5 and 18045.6; 25CCR Section 5013.

If yes, answer the following:

a. Will the office unit be part of the inventory and offered for sale while used as an office? Yes \_\_\_ No \_\_\_

b. Is the office unit registered with the department? Yes \_\_\_ No \_\_\_

If yes, list the decal number issued by the department. \_\_\_\_\_

c. Is the office installed on a foundation system pursuant to HSC Section 18551? Yes \_\_\_ No \_\_\_

5. Is the office in a hotel, rooming house, apartment, single or multiple family dwelling? Yes \_\_\_ No \_\_\_

Reference: HSC Sections 18045.5 and 18045.6; 25CCR Section 5013.

If yes, answer the following:

a. Is the room to be used as the office devoted exclusively to the affairs of the business? Yes \_\_\_ No \_\_\_

b. Is the room on the ground floor? Yes \_\_\_ No \_\_\_

c. Is there an entrance to the office directly from the exterior of the dwelling? Yes \_\_\_ No \_\_\_

**SECTION 4 – PLACE OF BUSINESS COMPLIANCE CERTIFICATION - Continued** (Type or Print)

6. Does the zoning authority allow for a MH-Unit or commercial modular sales operation for the listed location? Yes \_\_\_ No \_\_\_

Reference: 25CCR Section 5013.

List the name, address and telephone number of the zoning authority from which you received approval to sell MH-Units or commercial modulars at the listed business location:

AGENCY NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

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

**SECTION 5 – PARTICIPATING OWNER, MEMBER, PARTNER, CORPORATE OFFICER CERTIFICATION**

I, \_\_\_\_\_, certify under penalty of perjury under the laws of the State of California that the forgoing information is true and correct and accurately describes the listed information.  
Type or Print First and Last Name

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

**SECTION 6 – NOTICE AND ACKNOWLEDGMENT**

1. After acceptance of a completed application, the California Department of Housing and Community Development (HCD) will begin an investigation of the information and items provided by the applicant. A Temporary Permit may be issued allowing operation for up to 120 days while the investigation is completed. The Temporary Permit will, however, be canceled if the investigation reveals the application is incorrect, incomplete or is fraudulent, or that matters exist disqualifying the applicant(s).
2. As part of the investigation described in Item 1 above, an HCD representative will contact the applicant(s) and make an appointment for a place of business inspection.
3. Any Report of Sale Books, Licenses and Temporary Permits issued, remain the property of the State of California and must be surrendered for inspection at any time.
4. Requests for refunds of the fees submitted with this application are subject to the provisions of 25CCR Section 5041.

I, \_\_\_\_\_, have read and acknowledge Items 1, 2, 3, and 4 above.  
Type or Print First and Last Name

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SUBMIT APPLICATION TO: Department of Housing and Community Development  
Division of Codes and Standards  
Occupational Licensing Program  
P. O. Box 31  
Sacramento, CA 95812-0031