STATE OF CALIFORNIA
BUSINESS TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM

**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.

☐ Obtain Original License
   (Complete Sections 2, 4, 6)

☐ Transfer License to New Location
   (Complete Sections 2, 3, 6)
   (Return License)

☐ 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
   (Complete Sections 2, 4, 5, 6)
   (Return license if changing to a partnership, LLC or
   Corporation)

☐ Obtain License for Secondary Location(s)
   (Complete Sections 2, 4, 6)

☐ Close Location
   (Complete Sections 2, 3, 6)
   (Return License)

TYPE LICENSE (Check all applicable boxes)

☐ Manufacturer
☐ Dealer
☐ Distributor

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

NEW	USED	
☐	☐	MH-Unit
☐	☐	Commercial Modular

THIS APPLICATION SHALL BE ACCOMPANIED BY THE APPROPRIATE FEES IN CALIFORNIA CODE OF REGULATONS, 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

1. 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.
2. 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

SECTION 5 – STATEMENT OF OWNERSHIP CHANGE   (Type or Print)

REMOVAL OF PARTNER(S) OR MEMBER(S) OF AN LLC

The following person(s) has/have relinquished all ownership and interest in the previously described business as evidenced by the attached Statement(s) of Relinquishment (HCD OL 49 Revised 06/09) for partnership and/or copies of the changes for a partnership or LLC filed with the California Secretary of State (SOS):

LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE

ADDITION OF PARTNER(S) OR MEMBER(S) OF AN LLC

The following new partner(s) (designate whether general or limited) or member(s) has/have been acquired:

LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE

FOR CHANGING OWNERSHIP FROM AN INDIVIDUAL OR A PARTNERSHIP TO AN LLC OR CORPORATION

Ownership was previously held as   ☐ INDIVIDUAL   ☐ PARTNERSHIP   Effective date of an LLC or incorporation is _____.

The following is/was the ownership structure prior to becoming an LLC or corporation:

LAST	FIRST	MIDDLE	TITLE

☐   CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED FOR ANY OF THE ABOVE SITUATIONS

SECTION 6 – APPLICANT CERTIFICATION

INSTRUCTIONS: Complete Section I, II, III, or IV below depending on the type of ownership, whether as an Individual, Partnership, LLC or Corporation.

NOTE: For a partnership attach a copy of the executed partnership agreement; for an LLC attach a copy of the current Articles of Organization filed with the SOS; for a corporation attach a copy of the current Articles of Incorporation filed with the SOS.

I.   INDIVIDUAL

I certify under penalty of perjury under the laws of the State of California that I am the sole owner of (name of business) _____ and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

_____
Signature   Date

II.   PARTNERSHIP

We certify under penalty of perjury under the laws of the State of California that we are co-partners in (name of business) _____ _____ and that no other person is associated in the ownership of the business and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

_____   _____
Signature   Date   Signature   Date

_____   _____
Signature   Date   Signature   Date

III.   LIMITED LIABILITY COMPANY (LLC)

I/We certify under penalty of perjury under the laws of the State of California that I/we am a/are manager(s) in (name of business) _____ _____ and have filed Articles of Organization pursuant to California Corporations Code Sections 17050 et. seq., in the State of California and am/are authorized by the California Secretary of State to transact business in California, and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

_____   _____
Signature   Date   Signature   Date

IV.   CORPORATION

I certify under penalty of perjury under the laws of the State of California that (name of business) _____ Is incorporated in the State of _____ and have filed Articles of Incorporation pursuant to California Corporations Code Sections 200 et. seq., in the State of California and therefore is authorized by the California Secretary of State to transact business in California, and that all answers and information contained within this application, attachments, and items submitted herewith are true and correct.

AFFIX CORPORATE SEAL HERE

_____
Signature of Corporate Officer Authorized to Sign for Corporation

_____
Title   Date