



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL  
REGULATION  
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME

FEIN OR SSN

PHYSICAL ADDRESS

CITY STATE ZIP COUNTY

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # ( ) FAX # ( ) E-MAIL

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

**SIGNATURE**

**DATE**

NAME OF PARENT COMPANY (IF APPLICABLE)

MAINE SALES TAX NUMBER

ANY OTHER NAME USED

DATE OF BIRTH

**Maine Manufactured Housing Board**

**LICENSE TYPE (check one box):**

**ENTITY TYPE (check one box):**

|                          |                           |               |
|--------------------------|---------------------------|---------------|
| <input type="checkbox"/> | MANUFACTURER (MF1421)     | FEE: \$100.00 |
| <input type="checkbox"/> | DEALER (DL1421)           | FEE: \$100.00 |
| <input type="checkbox"/> | DEVELOPER DEALER (DD1421) | FEE: \$100.00 |
| <input type="checkbox"/> | INSTALLER (INS1421)       | FEE: \$100.00 |
| <input type="checkbox"/> | DEALER BRANCH (DLB1421)   | FEE: \$100.00 |

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | CORPORATION  |
| <input type="checkbox"/> | LIMITED LIABILITY COMPANY  |
| <input type="checkbox"/> | PARTNERSHIP  |
| <input type="checkbox"/> | SOLE PROPRIETORSHIP<br><b>NOTE: IF SOLE PROPRIETORSHIP,<br/>YOU MUST INCLUDE AN<br/>ADDITIONAL \$21.00 BACKGROUND<br/>CHECK FEE.</b> |

Office Use Only:

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Exp. Date \_\_\_\_\_

**Office Use Only:**

DLB1421 - \$100.00  
other 1421 - \$100  
2619 - \$21.00

**PAYMENT OPTIONS:** Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

Name of Cardholder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ Visa ☐ MasterCard \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in the amount of \$ \_\_\_\_\_ ☐ I understand that fees are non-refundable

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **APPLICATION GUIDELINE**

Enclosed are all relevant materials for a dealer license in the State of Maine. If you have any questions, you may contact the Maine Manufactured Housing Board office at (207) 624-8612 or (207) 624-8618.

### **LICENSING REQUIREMENTS**

**To apply for a dealer license, the following documentation must be submitted:**

1. A completed application;
2. A State of Maine Sales Tax Number. To obtain a sales tax number, you may contact Maine Revenue Services by telephone at (207) 624-9693;
3. If the applicant is a corporation or a limited liability company, a certificate of existence from the Maine Secretary of State. For assistance please contact them at (207) 624-7752;
4. For corporations not organized under Maine law, a certificate of authority from the Maine Secretary of State. For assistance please contact them at (207) 624-7752;
5. Proof of products/completed operations liability insurance for a limit of not less than \$1,000,000.00 per occurrence, bodily injury and property damage or combined single limit, and proof of workers' compensation insurance (unless waived in a manner approved by the Workers' Compensation Board) and applicable to products sold, or work performed in Maine. Insurance policies must remain in effect while a license is active. The liability policy must include mandatory notice of cancellation to the Manufactured Housing Board. Sole proprietors, owners of a partnership and owners or members of a limited liability company need not provide proof of workers' compensation insurance on themselves;
6. Evidence of Completion of Qualifying (Initial) Education Training Program;
7. Payment of the appropriate license fee; and
8. If the applicant is a sole proprietor, payment of the criminal background check fee.
9. Established place of business-the applicant must supply a photo of the established place of business, the photo must include the hours of operation and the signage.

### **QUALIFYING (INITIAL) EDUCATION TRAINING PROGRAM**

The Manufactured Housing Board is required to provide initial training in the servicing and installation of manufactured housing to all licensees and applicants for licensure beginning July 1, 2000, pursuant to Title 10, Chapter 951 §9021(1-A). Therefore, in order to obtain a license, it is **mandatory** to complete initial training.

## **FEE SCHEDULE**

All fees are non-refundable and must accompany your license application. Checks should be made payable to: Treasurer State of Maine. Fees will be charged for the following:

- Original Dealer License                 \$100
- Each Dealer Branch Location         \$100
- Criminal Background Check         \$21



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL  
REGULATION  
COMPANY APPLICATION**

**APPLICATION FOR A DEALER LICENSE**

**1. LICENSE TYPE. PLEASE CHECK THE TYPE OF HOUSING TO BE MANUFACTURED**

☐ HUD      ☐ State Certified Modular      ☐ Both

**2. For entities other than sole proprietors the following additional is required:**

- Partnership(s) – name and contact address of each partner.
- Corporation(s) – name, contact address, and title of each corporate officer and director; name and contact address of each shareholder owning 10% or more of the voting stock of the corporation, including over-the-counter stock, unless the stock is traded on a major stock exchange and not over-the-counter.
- Limited Liability Company – name and contact address for each member and manager described in 31 MRSA §655(1)(A).

| Name(s) & Addresses of Partners, Corporate Officers & Directors, Shareholders or Members and Managers |                  |            |
|---|------------------|------------|
| Name  |                  |            |
| Address   |                  |            |
| Date of Birth   | Telephone Number | Title Held |
| Name  |                  |            |
| Address   |                  |            |
| Date of Birth   | Telephone Number | Title Held |
| Name  |                  |            |
| Address   |                  |            |
| Date of Birth   | Telephone Number | Title Held |

**Name of partner, corporate officer, member or manager who will be representing the applicant in matters before the board:**

|             |
|-------------|
| <b>Name</b> |
|-------------|

**3. ESTABLISHED PLACE OF BUSINESS. Each applicant shall have an established place of business, provide a description of its location, and shall display an exterior sign. The primary business location and any branch location must meet the following requirements.**

- A. Is the established place of business located in an enclosed building(s) which is in good repair, free of obstruction and which has a source of heat? ☐ Yes ☐ No
- B. Does the established place of business have an office that is at least 100 square feet in size, is used for the dealer's business, is entered through an exterior door that is readily accessible to the public, is completely enclosed by the floor to ceiling construction, and is separate from any living quarters? ☐ Yes ☐ No
- C. Does the established place of business have business hours which are posted and clearly visible on the exterior or through a window of the building? ☐ Yes ☐ No
- D. Does the established place of business have a permanently mounted exterior sign that displays the name of the applicant and is visible from the entrance of the business establishment? The face of the sign must be at least 12 square feet in size. The lettering of the sign must be readable from a distance of 200 feet. ☐ Yes ☐ No
- E. Does the established place of business conform to all local zoning, land use and signage requirements? If the requirements of this paragraph are inconsistent with local requirements, the board may waive the requirements of this paragraph to the minimum extent necessary to enable compliance with the local requirements. ☐ Yes ☐ No

**4. BRANCH LOCATION(S). Branch means an additional business location where the sale, offering for sale, brokering or distribution of manufactured housing takes place and for which an additional license fee is charged.**

| <b>Name(s) and Addresses of Branch Location(s)</b> |                  |
|--|------------------|
| Name of Branch                                     | Branch Manager   |
| Mailing Address                                    | Telephone Number |
| Physical Address                                   |                  |
| Name of Branch                                     | Branch Manager   |
| Mailing Address                                    | Telephone Number |
| Physical Address                                   |                  |

5. The following questions must be answered by the owner, if the owner is a sole proprietor; the partner representing the applicant, if the applicant is a partnership; the corporate officer representing the applicant, if the applicant is a corporation or the member or manager representing the applicant, if the applicant is a limited liability company.

- A. Have you within the last three (3) years ever been convicted of mishandling any funds or other property entrusted to you by a third party? ☐ Yes ☐ No

*If yes, please give date, the circumstances surrounding the conviction and the sentence imposed.*

- B. Have you ever filed bankruptcy pursuant to Chapter 7, 11, or 13 of the Federal Bankruptcy Code? ☐ Yes ☐ No

*If yes, state the number of times you have filed for bankruptcy and the date of last bankruptcy you filed.*

- C. Have you ever been an officer of a corporation or a partner in a partnership that filed for bankruptcy pursuant to Chapter 7 or 11 the Federal Bankruptcy Code? ☐ Yes ☐ No

*If yes, state the name of the partnership(s) or corporation(s) and the date(s) of the bankruptcy filings.*

6. **EMPLOYMENT RECORD.** Evidence of two years of work experience under the supervision of a dealer or manufacturer related to the type of manufactured housing that the applicant intends to sell, or evidence of work experience or training deemed equivalent by the board.

| Name(s) & Addresses of Employer(s)                                  |                |                  |
|---|----------------|------------------|
| Name of Employer  | Address        | Telephone Number |
| Type of Business/Organization                                       | Dates Employed |                  |
| Duties and Responsibilities please use additional sheets if needed. |                |                  |

|  |         |                  |
|--|---------|------------------|
| Name of Employer   | Address | Telephone Number |
| Type of Business/Organization                                      |         | Dates Employed   |
| Duties and Responsibilities please us additional sheets if needed. |         |                  |
| Name of Employer   | Address | Telephone Number |
| Type of Business/Organization                                      |         | Dates Employed   |
| Duties and Responsibilities please us additional sheets if needed. |         |                  |

7. **REFERENCES.** Each applicant shall submit to the Board the names of three (3) individuals, including their telephone numbers and occupations, who can attest to the reputation, character, and technical competence of the applicant. At least one of the references shall be a licensee of the board, whose license number shall be stated;

| Names and Addresses of References |  |   |
|-----------------------------------|--|---|
| Name of Reference<br>Address      |  | Occupation and License Number                 |
|                                   |  | Telephone Number                              |
| Name of Reference<br>Address      |  | Occupation and License Number( if applicable) |
|                                   |  | Telephone Number                              |
| Name of Reference<br>Address      |  | Occupation and License Number (if applicable) |
|                                   |  | Telephone Number                              |

8. **INSTALLATION AND SERVICE.** Each applicant shall state whether it will use employees or employ licensees of the board, or both to install homes;

☐ Employees    ☐ Licensed Installer    ☐ Licensed Mechanic    ☐ Both

Each applicant shall provide the names, license numbers, and addresses of all persons or companies that it subcontracts with to install and perform any necessary warranty service on the homes sold by the applicant. Attach separate sheet for additional names, addresses, and license numbers.

| Name(s) and Addresses of Subcontractor(s) |         |                |
|---|---------|----------------|
| Board Licensee                            | Address | License Number |
| Board Licensee                            | Address | License Number |
| Board Licensee                            | Address | License Number |

9. **AGE.** The applicant must be eighteen (18) years of age. ☐ Yes    ☐ No

10. **PROFESSIONAL LICENSES.** Please list any professional licenses held.

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Has there been any disciplinary action taken against those licenses? ☐ Yes    ☐ No

11. **FEES.** All fees are non-refundable. Please refer to the application guide for the appropriate license fee.

BY MY SIGNATURE, I AFFIRM THAT ALL INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, WITH THE UNDERSTANDING THAT ANY OMISSIONS, INACCURACIES, OR FAILURE TO MAKE FULL DISCLOSURE MAY BE DEEMED SUFFICIENT REASON TO SUSPEND OR RECOMMEND REVOCATION OF A LICENSE ISSUED BY THE DEPARTMENT. I FURTHER AUTHORIZE ALL LAW ENFORCEMENT AGENCIES AND OFFICIALS THERETO TO RELEASE TO THE DEPARTMENT ANY AND ALL CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO MYSELF.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



**MANUFACTURED HOUSING BOARD**

**STATE OF MAINE**

**DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION -**

**OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION**

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8612 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

**Frequently Asked Questions:**

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 am to 5:00 pm weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

**NOTICES**

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

**Before you seal the envelope, did you:**

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include required Insurance (with Manufactured Housing Board as the Certificate Holder) and Workers' Compensation Information
- Make a copy of your application to keep for your records