



Manufactured Home Dealer Application for Secondary Location

Ohio Manufactured Homes Commission
5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017
Phone: (614) 734-6010 • Fax: (614) 734-6012
Website: <http://www.omhc.ohio.gov/>

Mail form with payment to:
(see fees below)
OMHC
5100 Parkcenter Ave., Suite 103
Dublin, OH 43107

THIS FORM MUST BE FILLED OUT FOR EACH MULTIPLE LOCATION WITHIN A COUNTY

1. PRIMARY DEALER INFORMATION:

BUSINESS NAME OF MAIN LOCATION			LICENSE NUMBER
BUSINESS STREET ADDRESS OF MAIN LOCATION			BUSINESS PHONE NUMBER ()
CITY	STATE	ZIP CODE	COUNTY

2. SECONDARY LOCATION INFORMATION:

BUSINESS NAME OF MAIN LOCATION			BUSINESS PHONE NUMBER ()
DBA OR FICTITIOUS TRADE NAME AS IT WILL APPEAR ON SIGN (if applicable)			ALTERNATIVE PHONE NUMBER ()
PROPOSED SECONDARY LOCATION BUSINESS STREET ADDRESS			FACSIMILE NUMBER ()
CITY	STATE	ZIP CODE	EMAIL ADDRESS

3. NEW MANUFACTURED HOME DEALERS ONLY: Indicate each NEW make to be sold at the secondary location and submit Statements of Manufacturer Distributor Franchise, OMHC 4319, for each

4. ARE YOU OR DO YOU INTEND ON SHARING THE PROPOSED BUSINESS LOCATION WITH ANOTHER DEALERSHIP?

YES NO

If yes, indicate the business name and, if available, the license number of the other dealer and submit a certificate of compliance form OMHC 4347.

BUSINESS NAME	LICENSE NUMBER

**** IMPORTANT****

6. SUBMIT PHOTOGRAPHS OF THE PROPOSED BUSINESS LOCATION'S LOT, OFFICE, (INSIDE AND OUTSIDE), AND BUSINESS SIGN.*

THE SIGN MUST BE PERMANENT, IN THE EXACT BUSINESS NAME, (IF SECONDARY LOCATION IS IN A PARK, THE SIGN CAN BE IN THE NAME OF THE PARK) WITH AT LEAST SIX INCH HIGH LETTERS.

7. I affirm that all statements in the foregoing application and in any attached sheets are true and correct and that I, as proprietor, as a partner, an officer, member, or trustee, have authority to sign this application and to make the statements contained herein.

SIGNATURE (OWNER, PARTNER, OFFICER, MEMBER, OR TRUSTEE) X	DATE
PRINT OR TYPE NAME OF SIGNER	

8. NOTARY:

Subscribed and sworn to me this _____ day of _____, _____ in the county of _____ State of Ohio

SEAL

My commission expires _____ **X** _____
NOTARY PUBLIC

FEES

LICENSE (SECONDARY LOCATION)-REQUIRED	1	@ \$125.00	= \$125.00
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FEES ARE NON-REFUNDABLE

Make Check Payable to: "Treasurer, State of Ohio". You may also pay by credit card. If you would like to pay by credit card, please visit our website at www.omhc.ohio.gov and click on credit card form link on the left of the home page.

INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION.

Upon receipt of a completed application, a physical inspection of the proposed new location will be requested. After the license has been issued, please allow three weeks for processing. Photographs may be e-mailed to debbie.beaty@omhc.ohio.gov or mailed to the Commission. Please include your business name and permit number in the subject of your e-mail.

<i>Office Use Only:</i>			
Check # _____	Date: _____	Amount _____	
CC: Last 4 #'s _____	Approval # _____	Date _____	Amount _____
Office Notes: _____			