



LOUISIANA MANUFACTURED HOUSING COMMISSION

LOUISIANA MANUFACTURED HOUSING MANUFACTURER'S LICENSE APPLICATION

Applicants must complete the following to become a manufacturer:

1. All questions must be answered or application will be returned.
2. Fee: \$250.00 per facility **Delinquent Fee: \$250.00
**Delinquent Fee: Renewal applications will be charged a \$250 delinquent fee if not postmarked by December 31st.
3. Application must be notarized by a stamp.
4. Proof of general liability insurance coverage of at least one million dollars. **LMHC must be listed as the certificate holder.**
5. A check or money order must accompany the application. Make payable to:
LOUISIANA MANUFACTURED HOUSING COMMISSION

General Requirements

No manufacturer within or without this state shall sell or offer for sale to a person any mobile or manufactured home for resale to the public unless that person has obtained a valid Retailer or Developer's license from the Louisiana Manufactured Housing Commission to engage in the business of selling mobile homes or manufactured home Louisiana R.S. 51:911.24 (a)(3).

Any individual, director, officer or agent of a corporation who knowingly and willingly violates any provision of the code or of Louisiana R.S. 51:911 pertaining to manufactured homes in a manner which threatens the health and safety of any purchaser shall be fined not more than \$1,000.00 or imprisoned not more than (1) one year or both.

8181 Independence Blvd Baton Rouge LA 70806
phone (225) 362-5500 fax (225) 925-3818
<http://lasfm.org>

LOUISIANA MANUFACTURED HOME MANUFACTURER'S LICENSE APPLICATION

INCORPORATED () INDIVIDUAL () PARTNERSHIP ()

MANUFACTURER: _____

DBA: _____

PHYSICAL

ADDRESS: _____ **City/State/Zip:** _____

MAILING

ADDRESS: _____ **City/State/Zip:** _____

BUSINESS PHONE: _____ FAX: _____ MANUFACTURER #: _____

E-MAIL ADDRESS: _____

NAME OF SERVICE MANAGER: _____

NOTE: IF THIS POSITION CHANGES, NOTIFY THIS OFFICE IMMEDIATELY.

CORPORATION PRESIDENT/PARTNER:

NAME:

ADDRESS: _____ CITY/STATE/ZIP: _____

DATE OF INCORPORATION: _____ BUSINESS PHONE : _____

LIST THE NAMES, ADDRESSES AND TELEPHONE NOS. OF ALL PARTNERS AND PRINCIPAL OFFICERS OTHER THAN CORPORATION PRESIDENT ON A SEPARATE SHEET.

LIST RETAILERS' NAME, ADDRESSES AND LOUISIANA LICENSE NUMBERS, YOU ARE SELLING TO ON A SEPARATE SHEET.

DAPIA CODE : _____ PHONE NUMBER: _____

NAME:

ADDRESS: _____ CITY/STATE/ZIP: _____

DAPIA CODE: _____ PHONE NUMBER: _____

NAME:

ADDRESS: _____ CITY/STATE/ZIP: _____

NON APPLICABLE FOR MODULAR HOMES

THESE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF APPLICANT

DATE

STATE OF: _____ PARISH/COUNTY: _____
SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____

SIGNATURE OF NOTARY

“NOTARY STAMP REQUIRED”

LOUISIANA MANUFACTURED HOUSING COMMISSION USE ONLY

DATE RECEIVED: _____ AMOUNT OF CHECK: \$ _____ CK#: _____
BACKGROUND CHECK: _____ DATE: _____ LIABILITY: _____