



# LOUISIANA MANUFACTURED HOUSING COMMISSION

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## LOUISIANA MANUFACTURED HOUSING RETAILER'S LICENSE APPLICATION

Applicants must show proof of the following to become a retailer:

1. One (1) year experience as a salesman. OR Purchase of an existing retailer. **(Only new applicants)**
2. Photocopy of your driver's license must be attached.
3. All questions must be answered or application will be returned.
4. Retailer lot fee: main lot \$150.00      branch lot \$75.00 (must be in original lot name)  
    \*Background Check: \$26.00 **company check or money order made out to Louisiana Department of Public Safety** submitted with a Fingerprint Card from Local Police Station  
    \*\*Delinquent fees: main \$150.00    branch \$75.00  
    \*\*\*Certification Class: \$100.00  
  
    \*Background Check: All **new applicants** must pay \$26.00 for an initial background/fingerprint card by local police  
    \*\*Delinquent fee: **Renewal applications** will be charged a \$150 delinquent fee for main lot and/or \$75 for branch lot if not postmarked by December 31st.  
    \*\*\*Certification Class: All **NEW APPLICANTS** must attend and pass a certification course {Applicant must pre-register for the class. Spaces are limited.}
5. Proof of general liability insurance coverage of at least one hundred thousand dollars. **LMHC must be listed as the certificate holder.**
6. Proof of a minimum net worth of \$50,000 as verified by an independent third-party accounting firm or proof of a \$50,000 surety bond. **(Only new applicants)**
7. Proof and/or date of attendance at a state-approved class must be attached.
8. A check or money order must accompany the application made payable to:  
    **LOUISIANA MANUFACTURED HOUSING COMMISSION**
9. Application must be notarized by a stamp.

### GENERAL REQUIREMENTS

Failure to report the following may result in suspension or revocation of your license:

Retailer lot closure or change of location.

Termination or transfer of salesmen in your employ.

Changes in corporation, ownership, or name change of business.

Any individual, director, officer or agent of a corporation who knowingly and willingly violates any provision of the code or of Louisiana revised statutes 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 one (1) year or both.

**8181 Independence Blvd Baton Rouge LA 70806**  
**phone (225) 362-5500    fax (225) 925-3813**  
**[lasfm.louisia.gov](http://lasfm.louisia.gov)**

# **LOUISIANA MANUFACTURED RETAILER'S LICENSE APPLICATION**

BRANCH LOT:( )NO ( )YES NAME MUST BE THE SAME AS THE MAIN LOT.

Name of Retailer: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Retail Number: D\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## ***PHOTOCOPY OF YOUR DRIVERS LICENSE MUST BE ATTACHED***

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ LA Driver's Lic #: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Formerly employed as mfg homes salesperson for at least one year?

Yes( ) no( ) if yes, provide Retailer's name, address, phone # and fax on a separate sheet.

List names, addresses, D.O.B., S.S.N., sex, and phone #, of all partners and principal officers other than corporation president on a separate sheet.

Purchase of an existing Retailer? Yes( ) No( ) if yes, provide proof on separate sheet.

Date/Year of Retail Certification Class \_\_\_\_\_

Contact person handling consumer complaint \_\_\_\_\_ Phone : \_\_\_\_\_

- Changes to this position must be reported to this office.

Has applicant ever been convicted of any felony or are any charges pending?

Yes( ) No( ) if yes, provide details on separate sheet.

**BY SIGNATURE BELOW I HEREBY AUTHORIZE CRIMINAL BACKGROUND CHECKS TO BE CONDUCTED BY THE OFFICE OF LOUISIANA MANUFACTURED HOUSING COMMISSION.**

“NOTARY STAMP REQUIRED”

These facts are true and correct to the best of my knowledge

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_

Signature of notary \_\_\_\_\_

## **LOUISIANA MANUFACTURED HOUSING COMMISSION USE ONLY**

DATE RECEIVED: \_\_\_\_\_ AMOUNT OF CHECK/MONEY ORDER \$ \_\_\_\_\_ CHECK # \_\_\_\_\_  
BACKGROUND CHECK: \_\_\_\_\_ DATE \_\_\_\_\_ LIABILITY \_\_\_\_\_ CLASS \_\_\_\_\_