

DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND REGULATION
MOBILE AND MANUFACTURED HOME SECTION
John O. Pastore Center 69-1
1511 Pontiac Avenue
Cranston, R.I. 02920

APPLICATION FOR A NEW OR RENEWAL OF AN EXISTING LICENSE
OF A MOBILE AND MANUFACTURED HOME PARK DEALER AND/OR OPERATOR
LICENSE YEAR JANUARY 1, 2014 TO DECEMBER 31, 2014

IN ACCORDANCE WITH R.I. Gen.Laws § 31-44-1 et.seq.

1-PARK NAME _____ TELEPHONE # (____)-_____

2-OWNERS NAME _____

3-FEDERAL I.D. or Social security # as applicable _____

4-PARK PHYSICAL ADDRESS* _____

(ACTUAL LOCATION no Post Office Boxes allowed)

3-MANAGEMENT COMPANY OR BUSINESS NAME and mailing address(if different from above

(ALL CORRESPONDENCE WILL BE SENT HERE. Please include a valid address.
Post Office Boxes are not allowable.)

4- OWNER'S (CONTACT PERSON'S) TELEPHONE #(____) _____

5-TYPE OF OWNERSHIP: CORPORATION: Y___/N___ Foreign Y___/N___

PARTNERSHIP Y___/N___

LIMITED LIABILITY COMPANY Y___/N___

SOLE-PROPRIETORSHIP Y___/N___

PLEASE SUBMIT APPROPRIATE DOCUMENTATION as follows*****

IF YES TO CORPORATION *submit articles of incorporation* and ON A SEPARATE SHEET LIST OFFICERS NAMES, ADDRESSES AND TELEPHONE NUMBERS AND **ALSO INCLUDE A COPY OF CORPORATE PAPERS AND ALL STOCKHOLDER NAMES, ADDRESSES AND NUMBER OF SHARES OWNED BY EACH STOCKHOLDER AND THE PERCENTAGE OF SHARES THAT NUMBER REPRESENTS.**

FOR ALL THE BUSINESS TYPES PROVIDE NAME AND PHONE NUMBERS OF PARTIES.

6-HAVE YOU OR ANY OFFICERS, PARTNERS, MEMBERS, ETC. EVER BEEN CONVICTED OF OR PLEAD NOLO CONTENDERE TO A MISDEMEANOR OR FELONY:

YES___ IF YES INCLUDE EXPLANATION WITH DISPOSITION SEPARATELY/OR

O_____

7-SUBMIT WITH EACH APPLICATION THE FOLLOWING:

A-Payment of an annual fee of fifteen dollars (\$15.00) per site.

Please understand and "occupied site" or "site" means a lot on which a Mobile and Manufactured Home, a recreational vehicle or any other similar type home or vehicle, by whatever name it may be called, is located, regardless of whether a Person or Persons currently reside there.

_____ sites X \$15.00 = \$_____

8-Provide a list of the mobile and manufactured home site/lots located in the park. This list should include the name of the family living on the lot, along with the lot number. If the lot is vacant, so state.

9-Resident Owned Park. Yes ___ or No___ Provide sample certificate of ownership.

10- Is park managed by a board or association. Please provide minutes of last board meeting along with board members names, addresses and phone numbers.

11-Provide 2014 lease of park and rules/regulations as applicable.

12-Provide documented certification from the municipality in which the park is located that being a zoning certificate for park that it is in compliance with all land use regulations of the municipality where park is located.

13- Additionally, provide these documented certifications from

each of these appropriate sources that the park is in compliance with and;

13a) has an adequate and operational sewage disposal system by and Rhode Island licensed ISDS engineer.

13b) an adequate and operational water supply and

13c) provide a Certification letter from the Rhode Island Division of Taxation that all the applicable state taxes have been paid and additionally provide

13d) a letter from the local government that all applicable property taxes have been paid for the park

13e) provide a copy of the fee schedule which also must be posted in a conspicuous place in the mobile and Manufactured Home Park. (THIS SCHEDULE MUST INCLUDE ALL FEES THAT MAY BE CHARGED PURSUANT TO THE LEASE AND/OR THE RULES AND REGULATIONS OF YOUR MOBILE HOME PARK.)

PRINCIPAL PARK OWNER MUST SIGN THIS APPLICATION AND HAVE IT NOTARIZED

I certify under penalty of perjury that I have read the application and that all statements contained herein are true to the best of my knowledge, information and belief.

SIGNATURE OF PRINCIPAL PARK OWNER _____

PLEASE PRINT NAME _____

DATE OF SIGNATURE _____

TITLE _____ ADDRESS _____

SEAL OF NOTARY PUBLIC: SUBSCRIBED AND SWORN TO AT _____

(COUNTY)

BEFORE ME THIS _____ DAY OF _____ A.D., 20____

(NAME) NOTARY PUBLIC