



MANUFACTURED HOME COMMUNITY LICENSE APPLICATION

Safety & Buildings Division
 Manufactured Home Home Unit
 201 W Washington Ave 4th Floor
 P.O. Box 1355
 Madison, WI 53701-1355

Phone: (608) 264-9596
 Fax: (608) 267-0592
 TDD: (608) 264-8777

FOR COMM USE ONLY
MHP NO.
Revenue Code: 7000

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

- Fill in application completely, sign, and date.
- Make check or money order payable to Department of Commerce.
- Mail application and check to the above address.
- Definitions: **Manufactured Home Community**—Any plot or plots of ground upon which 3 or more Manufactured home units, occupied for dwelling or sleeping purposes, are located, regardless of whether or not a charge is made for such accommodations.
Owner—Person, state or local government. "Person" includes individuals, partnerships, firms, companies or corporations.

PLEASE TYPE OR PRINT

This is for: Newly Licensed Community Expansion Change in Ownership Other

Name of Manufactured Home Community		Name of Community Owner	
Community ID Number		<input type="checkbox"/> FEIN or <input type="checkbox"/> SSN (Please check one)	
Street Address**		Street Address	
P.O. Box No.		P.O. Box No.	
City/State/Zip		City/State/Zip	
Phone No. ()	County	Phone No. ()	
Number of Manufactured Home Sites		Name of Former Owner (if applicable)	

**If Manufactured home community address above does not include a specific street number, furnish directions to your community location, including highway numbers or letters and distances:

Water Source <input type="checkbox"/> Public <input type="checkbox"/> Private	Septic Source <input type="checkbox"/> Public <input type="checkbox"/> Private
Presently Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, year licensed:
Licensed by <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	
Inspected by Licensing Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, agency name and year inspected:
Number of Sites Locally Licensed	Annual Local Fee

Required Fees (Comm 2.33): Check the fee that applies

No. of Manuf. Home Sites – New or Added	For a Newly Licensed Community (Plan Review plus License)	For an Expanded Community (Plan Review plus Revised License)	For an Existing Community (License Renewal)
1- 20	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$290.00	<input type="checkbox"/> \$250.00
21 - 50	<input type="checkbox"/> \$900.00	<input type="checkbox"/> \$490.00	<input type="checkbox"/> \$450.00
51 - 100	<input type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$740.00	<input type="checkbox"/> \$700.00
101 – 175	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$940.00	<input type="checkbox"/> \$900.00
176 +	<input type="checkbox"/> \$2,000.00	<input type="checkbox"/> \$1040.00	<input type="checkbox"/> \$1000.00

Change of Ownership: \$40

X _____
 Signature of Owner or Agency Representative Title Date