

**Limited Manufactured Structures
Dealer License Application**
Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
(503) 378-4140 • Fax: (503) 947-7862 • TTY: (503) 378-4100
<http://dfcs.oregon.gov>



Mail application with payment to:
DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Signature:	

Only persons who own manufactured-dwelling parks may apply for this license. A limited manufactured structures dealer license is valid for use at a single manufactured-dwelling park and allows the license holder to sell up to 10 used manufactured dwellings in a calendar year. A limited manufactured structures dealer may not employ a salesperson.

Please complete all steps before submitting your application and refer to the checklist at the end of this form.

STEP 1: PARK OWNER INFORMATION		
Legal name of applicant (sole proprietorship, partnership, corporation, or LLC):		Oregon Registry no.:
Business name of applicant (DBA/ABN):		FEIN:
Type of entity: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation of the state of _____ <input type="checkbox"/> LLC		
Business mailing address of applicant:		
City:	State:	ZIP:
Phone: ()	Fax: ()	E-mail:
STEP 2: CONTACT PERSON FOR PARK OWNER		
Name of contact person:		Relationship to park owner:
Address:		
City:	State:	ZIP:
Phone: ()	Fax: ()	E-mail:
STEP 3: PARK NAME AND ADDRESS		
Legal name of park (sole proprietorship, partnership, corporation, or LLC):		Oregon Registry no.:
Business name of park (DBA/ABN):		
Street address of park:		
City:	State:	ZIP:

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The fee for a limited manufactured structures dealer license is \$150. The license is valid for two years from the date of issue.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
Credit card number _____	Expiration date _____
Name of cardholder as shown on credit card _____	
Cardholder signature _____	\$ _____ Amount

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do *not* send cash.

Fiscal use only: 61242/1001

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STEP 4: PARK OPERATOR INFORMATION

If the applicant is the **owner** of the manufactured-dwelling park and the owner's park operator will sell manufactured structures, complete this section.

Name of park <i>operator</i> :		Signature of park <i>operator</i> :	
Address:			
City:		State:	ZIP:
Phone: ()	Date of birth:	Social Security number (required):	

STEP 5: NAMES, RESIDENCE ADDRESSES, AND SIGNATURES OF PARK OWNERS

Print the names of owners, partners, or corporate officers. A Social Security number is required for each person. If there are more than four owners or corporate officers, copy this page as needed and attach to the application.

Additional page(s) attached and submitted as part of this application: Yes No

Name:		Title:	
Signature:			
Residence address:			
City:		State:	ZIP:
Phone: ()	Date of birth:	Social Security number (required):	
Name:		Title:	
Signature:			
Residence address:			
City:		State:	ZIP:
Phone: ()	Date of birth:	Social Security number (required):	
Name:		Title:	
Signature:			
Residence address:			
City:		State:	ZIP:
Phone: ()	Date of birth:	Social Security number (required):	
Name:		Title:	
Signature:			
Residence address:			
City:		State:	ZIP:
Phone: ()	Date of birth:	Social Security number (required):	

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STEP 6: BOND OR LETTER OF CREDIT REQUIREMENT

A bond, in the amount of \$15,000 for each year the license is valid, or a letter of credit must be submitted before the Division of Finance and Corporate Securities issues a license. The bond must be submitted on a Division of Finance and Corporate Securities surety bond form (440-2966). Give the form to your insurance agent. When the agent returns the form, sign it and submit the original and power of attorney with your application.

STEP 7: AFFIDAVIT OF APPLICANT

Read the following statements, check each box, sign, and date.

- 1. The information on this application is complete and correct.
- 2. I am authorized to sign this application.

Signature and printed name and title of sole proprietor, partner, corporate officer, or LLC member:

Signature:	Date:
Print name:	Title:

STEP 8: APPLICANT CHECKLIST

- 1. Application form completed
- 2. All owner signatures obtained
- 3. Supplemental pages listing additional owners enclosed, if applicable
- 4. Signed, original surety bond with power of attorney or letter of credit enclosed
- 5. Application signed by authorized person
- 6. Payment of fee enclosed