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 APPICABLE FOR MODULAR HOMES***

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

SIGNATURE OF APPLICANT                                                                                                               DATE

STATE OF:                                                                  PARISH/COUNTY:                        DAY OF

SUBSCRIBED AND SWORN BEFORE ME THIS

SIGNATURE OF NOTARY

“NOTARY STAMP REQUIRED”

LOUISIANA MANUFACTURED HOUSING COMMISSION USE ONLY

DATE RECEIVED:                                              AMOUNT OF CHECK: $                                               CK#:_________________

BACKGROUND CHECK:                 DATE:                                LIABILITY: