

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, 2013 TO DECEMBER 31, 2013

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

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

1-(A) FEDERAL I.D.# _____

2-PARK ADDRESS* _____
(ACTUAL LOCATION)

3-BUSINESS NAME(if different from above) _____

4-BUSINESS MAILING _____
ADDRESS* _____
(ALL CORRESPONDENCE _____
WILL BE SENT HERE)

Owners Name _____

Owners Address _____
*(NOTE: Post Office Box numbers are not allowed, please provide an address)

Is this a privately-owned park. _____ If no,
Is this a resident-owned park. _____
If yes, as of what date? _____
Attach list of residents names and address in park.
Do you provide an ownership document for resident owned homes?
OWNER'S TELEPHONE #(____) _____

Property manager name if different from owner _____
Contact phone number for property manager _____

Name of management company that operates Park if applicable. Please include
Name & address of management company. _____

5-Business Type:
CORPORATION: YES _____ NO _____ IF YES, ON A SEPARATE SHEET LIST OFFICERS
NAMES, ADDRESSES AND TELEPHONE NUMBERS. INCLUDE A COPY OF ARTICLES OF
INCORPORATION AND LIST **ALL STOCKHOLDER NAMES, ADDRESSES AND NUMBER OF SHARES
OWNED BY EACH STOCKHOLDER AND THE PERCENTAGE OF SHARES THAT NUMBER REPRESENTS.**

PARTNERSHIP: YES _____ NO _____ IF YES, LIST NAMES AND ADDRESSES AND TELEPHONE
NUMBERS OF ALL PARTNERS AND PERCENTAGE OF OWNERSHIP:

LIMITED LIABILITY COMPANY: YES _____ NO _____ IF YES, PLEASE LIST NAMES, ADDRESSES
AND TELEPHONE NUMBERS OF MEMBERS:

SOLE OWNERSHIP: YES _____ NO _____ IF YES, NAME, ADDRESS AND TELEPHONE NUMBER OF
OWNER:

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

YES _____ NO _____ IF YES PLEASE GIVE DETAILS ON A SEPARATE SHEET

7-SUBMIT WITH EACH APPLICATION THE FOLLOWING:

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

Note: "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 = \$ _____

B-A list of the mobile and manufactured home site/lots located in the park. This list should include the name of the resident/Tenant living on the lot, along with the lot number. If the lot is vacant, so state.

C-An annual license shall be granted and renewed by the Department based upon submitting the follow documentation to this office with application:

- (i) Pursuant to RIGL 31-44-7 please provide the current lease and regulations that are applicable to the Mobile Home Park.
- (ii) Please provide current zoning certification from the city/town municipality in which the park is located that it is in compliance with all land use regulations of the municipality.
- (iii) Please provide separate certifications from the appropriate sources that the park:
 - a) has an adequate and operational sewage disposal system and
 - b) an adequate and operational water supply and
 - c) that all applicable state and local taxes have been paid. Please provide tax certification letter from RI Taxation
- (iv) 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 OWNER _____ DATE _____

PLEASE PRINT NAME BELOW SIGNATURE _____

TITLE _____ ADDRESS _____

SEAL OF NOTARY PUBLIC: SUBSCRIBED AND SWORN TO
AT _____

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

_____ NOTARY PUBLIC