

KANSAS DEPARTMENT OF REVENUE
 DIVISION OF VEHICLES
 TOPEKA, KANSAS 66626-0001

F# _____

D# _____

* 62 *

APPLICATION FOR A
 MANUFACTURED HOME DEALER LICENSE

1. Name of Business _____ License Fee \$ _____
 (Check with the Topeka Office to see if name is available)
 dba Name _____ Mfg'd Home Plate(s) @ \$25.50 ea \$ _____
 Business Address _____ Total Fees Due \$ _____
 City _____ County _____ State _____ Zip _____
 Business Tele _____ Fax Tele _____ (Total of (3) tags authorized)
 Cell Phone _____ FEES ARE NOT PRORATED
 Email Address _____

2. Federal Employer ID # _____ (Copy of certificate must be attached)

3. Check type of dealer license that is being applied for:
 New & Used Mfg. Home Dealer \$50.00 Mfg'd Home Distributor \$50.00
 Used Mfg. Home Dealer \$50.00 Mfg'd Home Manufacturer \$200.00
 Mfg'd Home Broker \$50.00

4. Check space, which indicates type of business (entity): *** must include copy of Secretary of State's registration papers.
 Sole Proprietor Partnership Corporation*** Limited Liability Co. *** LTD Company***
 Limited Liability Partnership*** Date Incorporated/Registered & State _____

5. Please complete the below information for each owner(s) of your business. NOTE: When a corporation is owned by more than 20 stockholders, such corporation may list the President, Vice President, Secretary & Treasurer of the corporation in lieu of listing the stockholders. **THE BELOW OWNER/CORPORATE OFFICER INFORMATION IS REQUIRED.**

Name (Complete Legal Name) PLEASE PRINT	Residence Address	Residence Ph	Birth Date	SSN	Sex

6. List below three credit references. It is necessary for you to include name, address, type of business & account number to complete the necessary processing of your application. If you are listing credit cards, please also include your expiration date. (If partnership, list all other partner's references on separate sheet.) (If corporation, this section is not applicable). You may submit credit references on business letterhead in place of listing credit reference addresses.

Name	Mailing Address including Zip-code	Type of Business	Acct Number

7. If you are applying for a new vehicle dealer's license, give the following information about each selling agreement currently in force between your firm and the first or second stage manufacturer or distributor. NOTE: Form D-100 must be filed with the Division of Vehicles. If you need this form contact this office. 785-296-3626.

Vehicle Make	1 st or 2 nd Stage Manufacturer or Distributor	Mailing Address	Expiration Date of Agreement

8. Have you ever been licensed as a vehicle dealer? _____ If YES, Year _____ D# _____

9. Are you engaged in the vehicle business in any other location? _____

If yes, give City, State and Dealer number _____

10. Have you ever been denied a dealer license or has your dealer license ever been suspended or revoked, either in this state or any other? _____ If YES, give reason _____

11. In accordance with K.S.A., 1992 Supp., 8-2410(a)(21), state whether within the five years immediately preceding the date of filing this application, you have been convicted of a felony? YES _____ NO _____

12. List any supplemental locations to be located in the same county as your place of business. You are required to submit an approved zoning permit, \$35.00 fee and field approval for each additional location.

PERSONAL PROPERTY TAX CERTIFICATION

13. I, the undersigned County Treasurer, certify that personal levied for the preceding year against all firm owners shown hereon have been paid in full; have been paid for the half of the preceding year, or that satisfactory evidence has been presented to this office that said owners had no taxable property for the preceding year.

Dated at _____, Kansas, this _____ day of _____, _____

Co. Treasurer's Signature _____ County _____

14. Please complete the financial statement as required by Kansas Statutes.

Assets	In Dollars	Liabilities	In Dollars
Cash on Hand		Notes Payable to banks	
Non-Marketable securities		Notes payable to other institutions	
Securities held by broker in margin accounts		Accounts payable	
Real estate owned		Unpaid income tax	
Account, loans and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages	
Cash surrender value - life insurance		Other debts	
Other Assets - itemize			
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

ZONING CERTIFICATION

15. New or used vehicle dealers, wholesalers, brokers, salvage vehicle dealers, first or second stage manufacturers, first and second stage converters, must maintain an established place of business to be licensed. "Established place of business" means a building or structure, other than a building or structure all or part of which is occupied or used as a residence owned either in fee or leased and designated as an office or place to receive mail and keep records and conduct the routine of business. If such established place of business or lot is zoned, the correct business address and legal description of the property must be provided to the zoning authority, and proof that the use complied with the applicable zoning law, ordinance or resolution must be furnished to the director by the applicant. If no zoning exists agent must indicate below.

There may be other local ordinances that prohibit the issuance of this license, check with your local city business office.

ANY AREA LEFT BLANK WILL VOID ZONING CERTIFICATION.

This is to notify you that _____
Complete Business Name

located at _____ is in conformance with the
Address, City, State, Zip

zoning ordinances or regulations of the city or county of _____, Kansas. This location is hereby approved for the sale, conversion or manufacturing of _____ Manufactured Homes.

Indicate type of manufactured homes
 (Ex: New/Used/Salvage or Repossessed)

_____ **No Zoning Applicable** (above must still be completed.)

Signature of Zoning Agent Title

Address of Zoning Agency / City / State / Zip

Zoning Office Phone Number

Directions to the above location: _____

Please notice the Insurance, Bond and Owner Certification on the backside of this application.

INSURANCE POLICY CERTIFICATION

Copy of current Certificate of Insurance is enclosed.

Your insurance policy must stay in effect, with no lapse in coverage or your license may be revoked pending a Dealer Licensing Hearing.

16. Have you filed a Federal and State Income Tax return for each of the last 3 years? Yes _____ No _____
20 _____ 20 _____ 20 _____

“All taxpayers, citizens, and businesses of the State of Kansas are expected to fulfill their legal responsibility to timely file and pay their share of state taxes. In accordance with K.S.A. 8-2404[©], once an application for license has been submitted to the director of vehicles, the owner(s) and/or corporate officer(s) and the business will be subject to a tax clearance prior to the issuance of a license. A tax clearance is a thorough review of all taxes administrated by the Kansas Department of Revenue. A license can be granted or refused based on the results of the tax clearance.”

OWNER CERTIFICATION

18. I certify that, as proprietor, partner or corporate officer of the firm, I have authority to sign and submit this application; and that all statements contained therein are true and correct.

I further state that by applying for a dealer license that I am granting the Dealer Licensing Bureau Representative to access all sales tax information for my dealership.

Owner's Name _____
(Please Print)

Owner's Signature _____ Date _____