MISSISSIPPI
Insurance Department
Office of the State Fire Marshal
Factory-Built Home Division
Post Office Box 79
Jackson, Mississippi 39205
(601) 359-1061 Phone
(601) 359-1076 Fax

MAN-2
July 1, 2011

APPLICATION
FOR LICENSE FOR
RETAILER
OF FACTORY-BUILT HOMES

DEFINITION: "Retailer means any person engaged in the retail sale of new or used manufactured, mobile or modular homes to the general public." Section 75-49-3(i)

Company Name:	**Doing Business As:**
Physical Address:	
Mailing Address *(If different from physical)*:	
Phone Number:	**Fax Number:**
Email Address:	**County:**
Owner's Name:	
Social Security Number:	**Driver's License Number:**
Federal Tax Identification Number*or* Social Security Number:	

Application for Retailers license for the period beginning July 1, 2013 and ending June 30, 2014 pursuant to the provisions of the "Uniform Standards Code for Factory-Built Homes Law", as contained in Chapter 49, Section 75, Mississippi Laws of 1972, as amended. In making this application, certification is hereby made that all factory-built manufactured homes, manufactured and/or sold under the authority of any license issued pursuant to this application will fully conform to standards and requirements set forth in the aforementioned Act; any rules and regulations which are promulgated there under, and all requirements of the National Manufactured Home Construction and Safety Standards Act of 1974, 42 U.S.C.S. 5401, et seq. and as amended by the Manufactured Housing Improvement Act of 2000. This application is hereby made in good faith and the terms and obligations of the controlling laws of the State of Mississippi are accepted accordingly; further, this application also serves to designate the Insurance Commissioner of the State of Mississippi as true and lawful agent for acceptance of legal process on behalf of the applicant within the State of Mississippi. It is understood and agreed that said license, if issued, may be revoked by competent authority as provided by law.

Name of Applicant: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

STATE OF _____ **COUNTY OF** _____

Sworn to and subscribed before me this the _____**day of** _____**, A.D., 20** ____.

_____
Notary Public

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State of Mississippi

Department of Insurance

OFFICE OF THE FIRE MARSHAL

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Company's Name:_____

Address:_____**City**_____**State**_____**Zip**_____

Phone:_____**FAX:**_____

Email Address: _____

I do hereby consent to release any confidential information by the Business References listed in my application for a Privilege License so that it may be helpful in retaining said Privilege License from the Mississippi State Fire Marshal's Office to manufacture, sell or install factory-built homes in the State of Mississippi.

Signature:_____**Date:**_____
(Sign and return to the State Fire Marshal's Office)

BUSINESS REFERENCE CHECKLIST

Name of Applicant:_____

Name of Reference:_____

1. How long have you known the applicant/company?_____years/months

2. What capacity have you been affiliated with the applicant?_____friend/relative/business

3. What do you think of the applicant's company?_____
   distinguished community involvement/professional/excellent marketplace conduct

4. Would you recommend this company for a Privilege License? YES [ ] NO [ ]

Explain:_____

Reference checked by (FOR STATE FIRE MARSHAL STAFF ONLY, IF BY PHONE):

Name:_____Date:_____

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RETAILER

INSTRUCTIONS

The license provided for herein is required for all Retailers of factory-built homes doing business within the State of Mississippi.

A license is required for each retail lot location. The License herein applied for will be issued annually on July 1st and shall expire the following June 30.

> **"License fees shall not be prorated for the remainder of the year in which the application was made but shall be paid for the entire year regardless of the date of the application." Section 75-49-9(10), MS Code, 1972, Annotated**

Applications shall be verified by oath in the presence of a Notary Public.

License application fees for Retailer's license is $150.00.

Checks or money orders are to be made payable to the State Fire Marshal's Office.

Return application and payment to:

Mississippi State Fire Marshal
P. O. Box 79
Jackson, MS 39205-0079.

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RETAILERS

1. **Are you able to conduct business in compliance with Section 3282, Subpart F (Retailers and Distributor Responsibilities) of the National Manufactured Home Construction and Safety Standards Act of 1974 and Section 74-49-19, MS Code, 1972, Annotated?**

   ☐ **Yes** ☐ **No**

2. **Do you have facilities for the repair and servicing of factory-built manufactured homes and the storage of parts and accessories for same?**

   ☐ **Yes** ☐ **No (*** NOTE: If these services are contracted out, a duplicate copy of the executed contract shall be provided to the Commissioner and said copy shall contain a clause stating that the Commissioner shall be notified thirty days in advance of the contract's cancellation.)***

3. **Do you have adequate space to display your factory-built manufactured home, both new and used, and to maintain a sales office located at each retailer lot location which has running water and sewer facilities to be in compliance with the county health department standards in that jurisdiction?**

   ☐ **Yes** ☐ **No**

4. **Are you aware that State Statutes require that no retailer shall deliver or cause to be delivered any factory-built manufactured home to any person at any site where such home is to be used for human habitation without anchoring and blocking such home in accordance with rules and regulations promulgated by the Commissioner?**

   ☐ **Yes** ☐ **No**

5. **Are you able to comply with the Rules and Regulations promulgated by the Commissioner?**
   ☐ **Yes** ☐ **No**

6. **Do you have a copy of the "Rules and Regulations for the Uniform Standards Code for the Factory-Built Homes Law" issued by the Commissioner of Insurance?**

   ☐ **Yes** ☐ **No**

7. **Do you install or transport retail units sold to the public?**

   ☐ **Yes** ☐ **No (*NOTE: If these services are contracted out, a duplicate copy of the executed contract shall be provided to the Commissioner and said copy shall contain a clause stating that the Commissioner shall be notified thirty days in advance of the contract's cancellation.)***

8. **Do you own or lease transport equipment?**

   ☐ **Yes** ☐ **No**

9. **Do you and/or your company comply with State law in that you, ". . . .bear a good reputation for honesty, trustworthiness, integrity and competency to transact the business in such a manner as to safeguard the interest of the public....", Section 75-49-9(7), MS Code, 1972, Annotated?**

   ☐ **Yes** ☐ **No**

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10. **Provide at least two business references not related to you.**

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:

11. **Is the identification number that you provided for tax identification purposes current and valid?**

☐ Yes ☐ No

12. **Have you ever filed bankruptcy?** ☐ Yes ☐ No

If yes, was it ☐ business and/or ☐ personal?
In what district _____?

13. **Have you ever been convicted of a crime?** ☐ Yes ☐ No

If yes, where and explain _____

14. **Are you aware that willful violation of any of the Rules and Regulations for proper anchoring and blocking of a factory-built manufactured movable home makes you guilty of a misdemeanor and upon conviction thereof, you could be fined not more than One Thousand Dollars ($1,000.00) or imprisoned for not more than one (1) year or both?**

☐ Yes ☐ No

15. **Please indicate your insurance company's name, address, policy number and phone number.**

Insurance Company:	Address:
Phone Number:	Policy Number:

16. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A SURETY BOND (SEE ATTACHED FORM) IN THE AMOUNT OF $10,000 PER FACILITY**

17. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A GENERAL LIABILITY POLICY IN THE AMOUNT OF $1,000,000 IN COVERAGE (STATE FIRE MARSHAL'S OFFICE, P. O. BOX 79, JACKSON, MS 39205-0079, AS THE CERTIFICATE HOLDER).**

18. **Please complete the following for all company or corporate officers of your company (include additional names on separate sheet):**

Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	

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19. **Please provide your previous business name and address.**

Company Name:
Address:
City/State/Zip

20. **Number of years in the manufactured housing industry:**

21. **Please complete the following for all office, service and installation (contract) personnel responsible for compliance with the rules and regulations and provisions of this license (include additional names on separate sheet):**

Name:	**Title:**
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	**Title:**
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	**Title:**
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	**Title:**
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	**Title:**
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	

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22. Please submit the following information on a separate sheet:

A. The education and qualifications of all employees; and

B. The applicant's organizational structure.

23. The State Fire Marshal's Office, Factory-Built Home Division, shall be notified in writing of any change in the information furnished in an application within 30 days of such change.

I certify that all of the aforementioned information provided by me is true and accurate in all aspects. Any misrepresentation may result in the immediate suspension of any license issued to me by the Commissioner.

_____	_____
Authorized Representative (Print)	**Authorized Representative's Signature**

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SURETY BOND FOR LICENSURE WITH
THE MISSISSIPPI FIRE MARSHAL'S OFFICE, DIVISION OF MANUFACTURED HOUSING

STATE OF _____
COUNTY OF _____

This form shall not be altered in any way.

Part 1: Bond, Surety and Principal.

Bond #:	Original Bond Date of Issuance:	If a Continuation Bond, Effective Date:
Name of the Surety Company:	NAIC # of Surety Company:	MID License Number of Surety Company:
Name of Principal (Licensee)	Applicant License Number:	Amount of Bond: $ (as required by Regulation MH-2008-1)

Part 2: Type and Bond Amount.

The type and amount of the bond for one year commencing on the original date of issuance or continuation stated hereinabove at Part 1 is as follows:

(License Type), Bond Equal to (amount as required by Regulation) current U.S. Dollars ($ amount)

Part 3. KNOW ALL MEN BY THESE PRESENTS THAT, the Principal and Surety, who, after being duly sworn, deposed and said:

THAT they are firmly bound unto the Commissioner of Insurance , State of Mississippi, in his position as State Fire Marshal, or his successor in office, under the surety bond, delivered in lieu of general liability insurance coverage, conditioned upon the Principal well and faithfully discharging ad performing the duties incumbent upon him under the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1;

THAT the condition of this obligation is such that if the above named Principal shall well and faithfully discharge and perform the duties incumbent on him under the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1, then in such case the above obligation is to become null and void, else to remain in full force, effect and virtue;

THAT the provisions of all applicable laws, including but not limited to Title 75, Chapter 49 of the Mississippi Code and Mississippi Insurance Department Regulation MH-2008-1, for principals and sureties are applicable;

THAT any consumer who sustains loss or damage by reason of any act or omission covered by this Bond may, in addition to any other remedy, bring an action in his/her name on this Bond for the recovery of damages sustained by the consumer. Said action must be brought before said Obligee, or the Obligee's agent, who must validate the claim and determine the amount of loss or damage sustained by the consumer. Upon a determination of loss, the Obligee may make claim to include administrative cost against the Bond up to the penal sum. Regardless of the number of years this Bond remains in force or the number of claims brought against the Bond, said Surety shall not be obligated to pay any sums in excess of the stated aggregate penal sum of the Bond.

THAT this surety bond shall not be terminated unless the Surety provides at least sixty (60) days' prior written notice will have been filed with the Commissioner of Insurance, State of Mississippi, P.O. Box 79, Jackson, MS 39205, and given to the Principal;

THAT this obligation may be continued for any subsequent year by a continuation certificate duly signed and sealed by the Principal and Surety, subject to the terms and conditions of the original bond, and filed with the Commissioner of Insurance, State of Mississippi;

THAT the Obligee may bring claim against this Bond up to twelve (12) months after the Bond has been terminated or has been cancelled for any liabilities accrued while the bond was in force.

IN WITNESS THEREOF, Principal and Surety have executed this bond on the dates stated hereinbelow.

Part 4. Signatures and Notary. Complete all information

BY:

_____ _____ _____ _____

Principal Date Surety's Authorized Representative Date

_____ _____

Print Name Print Name/Title of Surety's Authorized Representative

_____ _____

Physical Address of Principal Physical Address of Surety

Subscribed and sworn to before me this the _____ day of _____, 20__

{Seal of Notary Public}

_____

Notary Public

If a power of attorney used, a copy of the power of attorney or the authorized agent of the surety company must accompany the bond.

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