



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-4
February 5, 2015

APPLICATION
FOR LICENSE FOR
PROMOTIONAL EVENT RETAILER
OF FACTORY-BUILT HOMES

DEFINITION: "Retailer means any person engaged in the buying and thereafter selling, displaying or offering for sale of new, used or repossessed factory-built 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 Promotional Event Dealer's license for a period not to exceed seventeen (17) consecutive days, 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 or modular homes 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 thereunder, 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

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 or modular 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. 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: _____

PROMOTIONAL EVENT RETAILER INSTRUCTIONS

The licensed Mississippi retailer must submit the application for a Promotional Event Retailer license to the Factory-Built Home Division of the State Fire Marshal's Office at least *thirty (30) days* prior to the proposed effective date. Failure to submit the license application at least *thirty (30) days* in advance can serve as a basis for denial of a license.

The license provided for herein is required for all Promotional Event Retailers of factory-built or modular homes doing business within the county in which the dealer has a permanent license or within a *fifty (50) miles radius* of the location of the permanent licensed Mississippi retailer location, whichever is greater.

A license is required for each event location. The License herein applied for will be issued for a period not to exceed *seventeen (17) days* in duration and is not repeated at that location within the next *four (4) months*.

Copies of all approved licenses and/or permits required by the county or municipality in which the site is located must be submitted with the application.

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

Non-refundable license application fees for Promotional Event 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**

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 or modular homes and the storage of parts and accessories for same?

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.

Yes No

3. Do you have adequate space to display your factory-built or modular homes, both new and/or used, and to maintain a sales office located at the temporary promotional site which has running water and sewer facilities for public comfort and convenience and it complies with the health and safety standards as well as other ordinance requirements for a temporary promotional sales site in the county or municipality in which the site is located.

Yes No

4. Are you aware that State Statutes require that no dealer shall deliver or cause to be delivered any factory-built or modular 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?

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.

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. Pursuant to Miss.Code 79-29-1003, "[b]efore transacting business in this state, a foreign limited liability companyshall register with the Secretary of State." Are you and/or your company in compliance with this State law?

Yes No

8. 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

9. Are you aware that the temporary promotional site must have a sign at least **four (4) feet by eight (8) feet** in size with the lettering at least **twelve (12) inches** high advising the public that this is a temporary location and designating the address of the permanent licensed dealer location, with the sign to be prominently located on the temporary promotional site for viewing by the public?

- Yes No

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 or modular 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:

All applicants shall maintain full compliance with all bonding and insurance requirements for the entire licensure period (July 1 through June 30 of the following year).

16. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A SURETY BOND IN THE AMOUNT OF \$25,000.00 PER FACILITY OR, FOR THREE (3) OR MORE FACILITIES, A MINIMUM BOND IN THE AMOUNT OF \$50,000.00.**

17. **PLEASE PROVIDE OUR OFFICE WITH PROOF OF A GENERAL COMMERCIAL LIABILITY POLICY IN THE AMOUNT OF \$1,000,000.00 IN COVERAGE (State Fire Marshal's Office, P. O. Box 79, Jackson, MS 39205, 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:	

19. Please provide your previous business name and address.

Company Name:
Address:
City/State/Zip:

20. Number of years in the factory-built 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:	

- 24. Please submit the following information on a separate sheet:**
- A. The education and qualifications of all employees; and**
 - B. The applicant's organizational structure.**
- 25. 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