STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR MANUFACTURERS, DISTRIBUTORS AND DEALERS (PART A)

SECTION 1 - PURPOSE OF APPLICATION											
Check the applicable	a haves to indicate the nurn	MUST BE COMPI		tructions or	ovided						
Check the applicable boxes to indicate the purpose Obtain Original License (Complete Sections 2, 4, 6)		Transfer License to New Location (Complete Sections 2, 3, 6) (Return License) t		Change of Ownership by: Termination or Addition of Partners or Members of a Limited Liability Company (LLC); change type of ownership structure to an LLC or to a Corporation (Complete Sections 2, 4, 5, 6) (Return license if changing to a partnership, LLC or							
Obtain License for (Complete Section	Secondary Location(s) ns 2, 4, 6)	Close Location (Complete Sections 2, 3, 6) (Return License)	Corp	Corporation)							
TYPE LICENSE (Che Manufacturer Dealer Distributor	ck all applicable boxes)	= =	NTED OR LEASED	Check all ap	plicable boxes	S)					
THIS APPLICATION SHALL BE ACCOMPANIED BY THE APPROPRIATE FEES IN CALIFORNIA CODE OF REGULATONS, TITLE 25 (HEREINAFTER 25CCR), SECTION 5040. IF A DOING BUSINESS AS (DBA) OR FICTITIOUS NAME IS USED PROVIDE EVIDENCE THE NAME IS REGISTERED WITH THE PROPER AUTHORITIES PURSUANT TO HEALTH AND SAFETY CODE SECTION 18058.5.											
SECTION 2 - I	PLACE OF BUSINESS	INFORMATION (Type or P	rint)								
LICENSE NUMBER (If applicable):	E-	MAIL ADDRESS (If a	applicable):							
PRIMARY LOCATION	N INFORMATION:	Name of individual owner(s), partner(s), member(s) (LLC), or a	authorized offic	er(s) (corporation	on)					
Business Name:			TELEPHO	ONE NUMBE	R: () _						
DBA Name (If applicable	le):										
BUSINESS ADDRES			City		State	Z	IP Code				
MAILING ADDRESS	(If different):Number and S										
SECONDARY BUS	Number and S SINESS LOCATION(S) INFOR	treet RMATION: List all secondary loca nit a separate application form, Pa					each				
BUSINESS/DBA NAME		STREET ADDRESS AND CITY		TELEPHONE		NEW	EXISTING				
				_							
		IS/ARE ATTACHED TO IDENTIF	Y MORE LOCATION	S							
SECTION 3 - I	PREVIOUS LOCATION	, , ,									
		elete this section to describe location(s) being closed of STREET ADDRESS AND CITY TELEPHONI									
BOOMVEOO	/DDA IVAIVIL	THEET ADDITEGO AND OFF	TELETHONE	LITE	TIVE DATE	OLOGED	WOVED				
	K IF ADDITIONAL PAGE(S)	IS/ARE ATTACHED TO IDENTIF	<u> </u>	S		l.					
		IP STRUCTURE (Type or P									
	IDUAL 🗆 PARTN	IERSHIP LIMITED L	IABILITY COMPANY	(LLC)	☐ COF	RPORATION	I				
operations of	of the business. Persons indic	persons who will participate in the cated as participating in the directi	ion, control and/or ma	anagement of	f the business	are subject	to the				
 List below, a all Corporat 	as appropriate, the name(s) a	on 1, Chapter 4, Subchapters 1 and title(s) of the Individual Owner strolling Stockholders of the Corpo	, all Partners of the P	artnership (d	esignate whet	her Genera	or Limited),				
COLUMN A	LAST	FIRST	MIDDLE			TITLE					
			1								

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO IDENTIFY ADDITIONAL PERSONS

The following pe Statement(s) of		N LLC Il ownership and interest in the previo vised 06/09) for partnership and/or co						
LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE				
	NER(S) OR MEMBER(S) OF AN w partner(s) (designate whether	N LLC general or limited) or member(s) has	/have been acquired:	1				
LAST	FIRST	MIDDLE	TITLE	EFFECTIVE DATE				
wnership was previ	ously held as		ve date of an LLC or incorpora	ation is				
The following is/was the ownership structure prior to becoming an LLC or corpor LAST FIRST MIDDLE		MIDDLE	TITLE					
27.00	11101	WIDDLE						
☐ CHEC	CK IF ADDITIONAL PAGE(S) IS/	ARE ATTACHED FOR ANY OF THE	ABOVE SITUATIONS					
SECTION 6 -	APPLICANT CERTIFICA	TION						
OTE: For a partn	ership attach a copy of the exec	elow depending on the type of owners uted partnership agreement; for an LI It Articles of Incorporation filed with th	C attach a copy of the curren	·				
		the laws of the State of California the ontained within this application, attac	,	,				
	Signature		Date					
We ce		der the laws of the State of California and that no othwithin this application, attachments,	er person is associated in the	ownership of the business and that				
Signature		Date	Signature	Date				
Signature		Data	Signature	Date				
	ED LIABILITY COMPANY (LLC	Date	Signature	Date				
	ED LIABILITY COMPANY (LLC certify under penalty of perjury un	, nder the laws of the State of California		s) in (name of business)ant to California Corporations Code				
		f California and am/are authorized by ontained within this application, attac	the California Secretary of St	ate to transact business in Californ				
Signature		Date	Signature	Date				
I certit	CORPORATION I certify under penalty of perjury under the laws of the State of California that (name of business) Is incorporated in the State of and have filed Articles of Incorporation pursuant							
to Cal State	ifornia Corporations Code Section	ons 200 et. seq., in the State of Califo a, and that all answers and informatio ct.	rnia and therefore is authorize	d by the California Secretary of				
AFFIX	CORPORATE SEAL HERE	Signatur	e of Corporate Officer Author	orized to Sign for Corporation				

HCD OL 12 (Rev. 08/20) Page 2 of 2

SECTION 5 - STATEMENT OF OWNERSHIP CHANGE (Type or Print)