



**Iowa Department of Public Safety
 State Fire Marshal Division
 Building Code Bureau
 Application for a Manufactured Housing Retailer License**

This form is to be used to apply for or to renew a Manufactured Housing Retailer License in the State of Iowa. Rules and Regulations governing this program are available at the following website: http://www.dps.state.ia.us/fm/building/PDFs/2008/Retailer_License_Application.pdf Please type or print legibly if not completing online.

NOTE: A separate application and licensure fee is required for any Retailer locations not located within the same county or not using the same business name. Retailers with multiple locations are only required to submit one \$50,000 bond which covers all locations. All locations must be noted on bond.

Check this box only if this form is being used as written notification of a change in a previously licensed business name or location. (Payment of a \$100 fee must accompany this submittal)

APPLICANT INFORMATION:

Business Name	Primary Address of Business	City,	State,	Zip
Business Telephone	Business Fax	Business Email		
Name and Title of Person Completing Application			County	

BUSINESS LOCATIONS:

Please list below, every location (within the same County) where the Retailer conducts the sale of Manufactured/Mobile Homes. Attach additional sheets if necessary.

Business Name	Street, City, State, Zip
Business Name	Street, City, State, Zip
Business Name	Street, City, State, Zip
Business Name	Street, City, State, Zip
Business Name	Street, City, State, Zip

Check all applicable boxes for the types of homes you sell:

- Used Mobile Homes
- Used Manufactured Homes
- New Manufactured Homes

The Manufactured Housing Retailer licensure fee is \$100 annually or for any portion of a year. A license issued in December of any year is valid for the following calendar year. Please make checks payable to the Treasurer, State of Iowa. Amount enclosed \$_____.

NOTE: A surety bond in the amount of \$50,000 must be obtained by the applicant and filed with the State Building Code Bureau. A sample surety bond form is available at: http://www.dps.state.ia.us/fm/building/PDFs/2008/Surety_Bond_Form.pdf

I hereby certify that that all statements made by me on this application are, to the best of my knowledge true and correct. I understand that any false statements or material misrepresentations on this application may be cause for denial, suspension, or revocation of this license.

Name _____ Title _____

Signature _____ Date _____

This completed application, licensure fee and surety bond must be submitted to the following address at least thirty (30) days in advance of the date the applicant anticipates doing business in the State of Iowa or at least thirty (30) in advance of the date the applicant's current Iowa license expires:

Iowa State Fire Marshal's Office
215 E 7th Street
Des Moines, IA 50319

For Office Use Only: