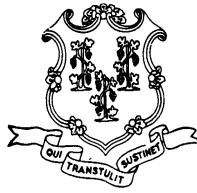


STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION



## Instructions for Mobile Manufactured Home Park License

### Definitions

- **Mobile Manufacturer Home Park** means a plot of ground upon which two or more mobile manufacturer homes, occupied for residential purposes are located.
- **Duly Authorized Attendant of Park** means any person who is designated to operate and maintain a mobile manufactured mobile home park.
- **Owner of Park** means any person who owns, operates or maintains a mobile manufactured home park.

### Application Fee

- The license fee is based on the number of spaces within the park. A check or money order for the applicable fee **made payable to "Treasurer, State of Connecticut"** must accompany the application. Application fees are non-refundable. Once approved, Mobile Manufactured Home Park Licenses are non-transferable or assignable. All licenses expire annually on December 31<sup>st</sup>.

<b>Number of Spaces:</b>	<b>License Fee:</b>
<b>2 – 29 spaces =</b>	<b>\$ 250.00 + \$3.00 for each space within the park</b>
<b>30 – 50 spaces =</b>	<b>\$ 860.00</b>
<b>51 – 100 spaces =</b>	<b>\$1315.00</b>
<b>100 or more spaces =</b>	<b>\$1500.00</b>

### Certificate of Good Standing for Legal Entities

- All Corporations, LLCs and LLPs are required to hold an active Certificate of Good Standing (Articles of Organization) with the Connecticut Secretary of State. Information can be obtained on the Secretary of State's website at [www.sots.ct.gov](http://www.sots.ct.gov).
- You will need to provide your Connecticut Secretary of State (SOS) Business Identification Number on the application.

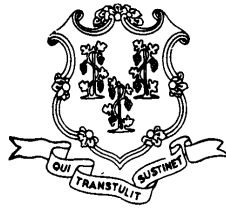
### Documentation - the documents indicated below must be included with the application.

- A copy of the certification of approval by the appropriate local official or commission of compliance with the State Building Code and any existing municipal ordinance or planning or zoning regulation
- A copy of the park's rental agreement
- A copy of the aesthetic standards to be complied with in the event of the sale of mobile home manufacturer home by the resident
- A copy of the rules and regulations concerning the resident's use and occupancy of the premises

### Mail the completed application, documentation and applicable fee to:

**Department of Consumer Protection  
License Services Division  
450 Columbus Blvd, Ste 801  
Hartford, CT 06103**

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.investigations@ct.gov](mailto:dcp.investigations@ct.gov)



## Mobile Manufactured Home Park License Application

- The license fee is based on the number of spaces within the park. A check or money order for the applicable fee **made payable to "Treasurer, State of Connecticut"** must accompany this application. Application fees are non-refundable.

Number of Spaces:	License Fee:
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<b>100 or more spaces =</b>	<b>\$1500.00</b>

- Mail your completed application, documentation and applicable fee to the address indicated above.

### Applicant Information

Please Check ( ✓ ) Legal Entity Type:

Sole Proprietor    Corporation    Limited Liability Company    Partnership    Limited Liability Partnership

Name of Mobile Manufactured Home Park

Street Address of Park

City

State

Zip Code

Telephone Number

Email address to be used for all correspondence

FEIN

**Indicate the Number of Spaces in the Park:**

### Mailing Address (if different than above)

Name

Street Address

City

State

Zip Code

### Duly Authorized Attendant of Park

First Name

Last Name

Residence Street Address

City

State

Zip Code

Telephone Number

Email address to be used for all correspondence

Date of Birth

**Owner of Park**

Name

Street Address

City

State

Zip Code

Telephone Number

CT Secretary of State Business ID Number

**Ownership Information: List all persons associated with ownership (attach additional sheets if necessary)**

First Name

Last Name

Date of Birth

Residence Street Address

City

State

Zip Code

First Name

Last Name

Date of Birth

Residence Street Address

City

State

Zip Code

First Name

Last Name

Date of Birth

Residence Street Address

City

State

Zip Code

**Provide the name of each Utility Company**Water Source:  
\_\_\_\_\_Gas Source:  
\_\_\_\_\_Electricity Source:  
\_\_\_\_\_Sewage Source:  
\_\_\_\_\_**Certification**

Under penalty of false statement, a class A misdemeanor, I attest that the information provided in this application is the truth to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*\_\_\_\_\_  
*Title*\_\_\_\_\_  
*Date*