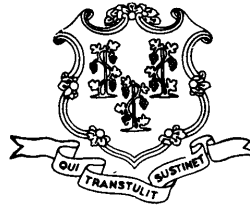


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 TRADE PRACTICES DIVISION
 Telephone: (860) 713-6100
 Web site: www.ct.gov/dcp



For Official Use Only

**APPLICATION FOR
 MOBILE MANUFACTURER HOME SELLER'S LICENSE**

All spaces must be completed – please print in ink or type. This application **must be accompanied by a check or money order for \$375.00**, made payable to **“Treasurer, State of Connecticut.”** Application fees are non-refundable. All licenses expire annually on December 31st.

Return your completed application and fee to:

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

Indicate Organizational Structure:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company			
Applicant's Name (First Name, Middle Initial, Last Name)			
Street Address	City or Town	State	Zip Code
Telephone Number (with area code)	Social Security or FEIN Number	CT Sales Tax Registration Number	
Business Name (if applicable)			
Business Street Address	City or Town	State	Zip Code
For Corporation, Partnership, LLC or LLP – List below the names, residence addresses and title of all officers and partners			
Name	Address	Title	
Name	Address	Title	
Name	Address	Title	
Has the applicant or any of the corporate officers ever been convicted of a felony crime? Yes No			
If YES, please attach a statement providing the date(s) and conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each conviction(s)			
List all manufacturers of Mobile Manufactured Homes you currently sell for (attach additional sheets if necessary)			
Name	Address		
Name	Address		
List all manufacturers of Mobile Manufactured Homes you have sold for in the past year (attach additional sheets if necessary)			
Name	Address		
Name	Address		

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed.

I, the applicant or duly authorized member of the partnership or officer of the corporation on behalf of which the above application is made, being duly sworn according to law depose and say the answers above set forth are true to the best on my knowledge and belief and that this application is made for the purpose of inducing the issuance of the license requested.	
_____ Signature of Applicant	_____ Date
Subscribed and sworn to before me this _____ day of _____ 20_____	
_____ Notary Public	_____ My Commission Expires