



**State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Mobile Home Parks Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920**

MOBILE AND MANUFACTURED HOME PARK APPLICATION/RENEWAL

In accordance with R.I. Gen. Laws § 31-44-1. et. seq., no person shall operate a mobile and manufactured home park without a license. Please complete this application and submit to the address listed above. All licenses are effective for one (1) year from the date of issuance.

REQUIRED DOCUMENTS (Incomplete submissions will be returned)

- a. A current lease and the park rules and regulations.
- b. List of occupants names, addresses and lot numbers located in the park.
- c. A Letter of Good Standing from the RI Division of Taxation.
- d. A paid remittance dated six months prior to the expiration of the license for the water and sewage system bills.
- e. Certification by the municipality in which the park is located that it's in compliance with all applicable land use regulations.
- f. An Individual Sewage Disposal Systems (ISDS) certificate of approval.
- g. Copy of Incorporation Papers and a list of all owners or officers, if applicable.
- h. Local city/town stamped remittance or letter affirming all applicable taxes have been paid at least six months prior to the expiration of the license.
- i. Payment of annual fee of fifteen dollars (\$15.00) per occupied site. **\$15 x _____ (No. of sites)**. Check or money order payable to the "RI General Treasurer".

OWNERSHIP INFORMATION

Ownership Type - Please check one below:

Sole Proprietor Corporation Partnership Limited Liability Company Limited Partnership

Name of Principal Owner:

FEIN or SSN:

Principal Owners Address:

City:

State:

Zip Code:

Phone Number:

Email Address: *(Mandatory)*

Is the park resident owned? Yes No **If 'Yes', provide ownership documentation.**

MOBILE HOME PARK INFORMATION

Name of Mobile Home Park:

*RI License No.

Physical Park Address:

City:

State:

Zip Code:

AFFIRMATION & SIGNATURE

Affirmation of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

Signature of Principal Owner

Date of Signature (MM/DD/YY)

* For Renewals ONLY