

ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET • MONTGOMERY, ALABAMA 36104

(334) 242-4036 • FAX (334) 240-3178

WWW.AMHC.ALABAMA.GOV

APPLICATION FOR RETAILER LICENSE

PLEASE TYPE OR PRINT LEGIBLY (AN INCOMPLETE APPLICATION WILL BE RETURNED)

PLEASE SELECT ONE OF THE FOLLOWING: MODULAR MANUFACTURED HOME (HUD)

Have you ever been licensed as a Retailer by this Commission? Yes/No _____ If yes, please provide license# _____

NAME OF BUSINESS _____

DBA (DOING BUSINESS AS) _____

NAME OF OWNER/PRESIDENT _____

Are you a citizen of the United States? Yes ____ No ____ (If no, please explain) _____

SOCIAL SECURITY# _____ - _____ - _____ DOB ____ / ____ / ____ DL NO _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____

LOCATION ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE# (____) _____ - _____ FAX# (____) _____ - _____ COUNTY _____

EMAIL ADDRESS _____

Pursuant to the provisions of The code of Alabama 1975, §§24-4A-3, 24-6-4, I hereby submit this application and fee for license.

Bond Surety Company

Surety Company Name

Surety Company Phone Number Bond Amount

General Liability Insurance Company

Company Name

Company Phone Number Insurance Amount

SIGNATURE _____ **TITLE** _____ **DATE** _____