



Manufactured Home Dealer Business Facilities Affidavit

Department of Safety and
Professional Services
Manufactured Home Unit
P.O. Box 8935
Madison, WI 53708-8935
Phone: (608) 266-2112

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

- **Fill in form completely, sign, and date.**
- **Submit completed form to the above address.**

Legal Name of Business
Trade Name or DBA
Street or RFD
PO Box
City / State / Zip + 4

I certify that the place of business listed above meets or will meet all the following business facility requirements under SPS 305.323 of the Wisconsin Administrative Code. Date facilities will be ready: _____.

YES NO

1. Do you have a business office for maintaining books , records and files necessary to conduct business?
2. Is the office within a residence, accessible to an outside entrance and used primarily for conducting the manufactured home business?
3. Do you have a manufactured home display lot? If Yes, the display lot must be within the same block or directly across the street from the main business location.
4. Do you own and operate your own service department? If No, attach Service Agreement Form, SBD-10685.
5. If you carry and display inventory, do you have an exterior business sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of four inches high, unless smaller dimensions are required by local zoning or sign ordinance.
6. Does the building and premises comply with all local zoning, building codes, and permit requirements?

If an inspection determines that the business facilities do not meet the requirements, I will voluntarily surrender the dealer license, plates, and salesperson licenses issued. I will discontinue operating as a dealer until an inspection verifies that the facilities are in compliance.

I declare that this is a true and accurate statement. I realize that my place of business is subject to inspection and any false statements regarding the above requirements will subject my license to revocation, suspension, or denial. I, as owner, partner, or officer of the corporation have authority to sign this affidavit.

X _____
Signature of Manufactured Home Dealer Applicant (**Print and Sign Form**) Title Date