

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
 Madison, WI 53708-8935  
**Fax #:** (608) 267-0592  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
 Madison, WI 53705  
**E-Mail:** [dspssbmanhomes@wisconsin.gov](mailto:dspssbmanhomes@wisconsin.gov)  
**Website:** <http://dsp.wi.gov>

## MANUFACTURED HOME COMMUNITY LICENSE APPLICATION

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

- Fill in application completely, sign, and date.
- Make check or money order payable to: **State of WI - DSPS**
- Mail application and check to the above address.
- Definitions: **Manufactured Home Community** - Any plot or plots of ground upon which 3 or more manufactured home units, occupied for dwelling or sleeping purposes, are located, regardless of whether or not a charge is made for such accommodations.  
**Owner** - Person, state or local government. "Person" includes individuals, partnerships, firms, companies or corporations.

**PLEASE TYPE OR PRINT**

This is for: <input type="radio"/> Newly Licensed Community <input type="radio"/> Expansion <input type="radio"/> Change in Ownership <input type="radio"/> Other _____	
Name of Manufactured Home Community	
Name of Community Owner	
Community ID Number	
<input type="checkbox"/> FEIN or <input type="checkbox"/> SSN (Please check one)	
Street Address**	
Street Address	
P.O. Box No.	
P.O. Box No.	
City/State/Zip	
City/State/Zip	
Phone No. ( )	County
Phone No. ( )	Phone No. ( )
Number of Manufactured Home Sites	
Email	
**If Manufactured home community address above does not include a specific street number, furnish directions to your community location, including highway numbers or letters and distances:	
Water Source <input type="radio"/> Public <input type="radio"/> Private	
Septic Source <input type="radio"/> Public <input type="radio"/> Private	
Presently Licensed <input type="radio"/> Yes <input type="radio"/> No If Yes, year licensed:	
Licensed by <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City <input type="radio"/> County <input type="radio"/> State	
Inspected by Licensing Agency <input type="radio"/> Yes <input type="radio"/> No If Yes, agency name and year inspected:	
Number of Sites Locally Licensed	
Annual Local Fee	

**Required Fees (Wis. Admin. Code ch. SPS 302.33) - Check the fee that applies:**

No. of Manuf. Home Sites – New or Added	For a Newly Licensed Community (Plan Review plus License)	For an Expanded Community (Plan Review plus Revised License)	For an Existing Community (License Renewal)
1 - 20	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$290.00	<input type="checkbox"/> \$250.00
21 - 50	<input type="checkbox"/> \$900.00	<input type="checkbox"/> \$490.00	<input type="checkbox"/> \$450.00
51 - 100	<input type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$740.00	<input type="checkbox"/> \$700.00
101 – 175	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$940.00	<input type="checkbox"/> \$900.00
176 +	<input type="checkbox"/> \$2,000.00	<input type="checkbox"/> \$1040.00	<input type="checkbox"/> \$1000.00

**Permit revision fee: \$40**

\_\_\_\_\_  
 Printed Owner or Agency Representative Name

X \_\_\_\_\_  
 Signature of Owner or Agency Representative (**Print and Sign Form**) Title Date