

Illinois Department of Public Health  
Division of Environmental Health  
525 W. Jefferson St.  
Springfield, IL 62761  
217-782-5830

**MANUFACTURED HOME COMMUNITY TRANSFER APPLICATION**

PREVIOUS INFORMATION

License I.D.# \_\_\_\_\_

Name of Manufactured Home Community: \_\_\_\_\_

Address of Community: \_\_\_\_\_  
(Street) (City) (ZIP Code)

Name of Licensee: \_\_\_\_\_

Address of Licensee: \_\_\_\_\_  
(Street or P.O. Box) (City) (ZIP Code)

NEW INFORMATION

Name of Manufactured Home Community (if changed): \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

(If the new licensee is a corporation, attach a list of the names and addresses of all corporate officers. If the new licensee is a partnership, attach a list of the names and addresses of partners.)

Address of Licensee: \_\_\_\_\_  
(Street or P.O. Box) (City) (ZIP Code)

Telephone Number: (\_\_\_\_)\_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_\_ Number of Licensed Sites: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Telephone Number: (\_\_\_\_)\_\_\_\_\_

Licensee Email Address:\_\_\_\_\_ Managers Email Address:\_\_\_\_\_

**Please Circle Below the Type of Business You are Operating Under:**

Corporation    LLC    Partnership    Trust    Association    Sole Proprietor

Corporations or LLC (Limited Liability Companies) must be in Good Standing with the Secretary of State and submit the 8-digit Secretary of State file number:\_\_\_\_\_

If you are **not** in Good Standing, please contact the Secretary of State Office, Business Services at (217)782-6961 or online at [http://www.ilsos.gov/departments/business\\_services/home.html](http://www.ilsos.gov/departments/business_services/home.html).

Partnerships shall submit the names and addresses of partners.

Trusts shall submit the name of the executor or administrator of the trust.

Associations shall submit the names of the president and secretary.

Sole Proprietors shall complete the child support statement below:

I certify, under penalty of perjury:

\_\_\_\_ I **AM** more than 30 days delinquent in complying with a child support order.

\_\_\_\_ I **AM NOT** more than 30 days delinquent in complying with a child support order.

\_\_\_\_ This statement does not apply.

\_\_\_\_\_  
Printed name of authorized agent

\_\_\_\_\_  
Signature of authorized agent

\_\_\_\_\_  
Date

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Responsibility for the operation of the above Manufactured Home Community has been transferred as indicated above and it is hereby requested that the Illinois Department of Public Health's records be revised accordingly.

Signature of **Previous** Licensee: \_\_\_\_\_

Signature of **New** Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Notices

1. This Department is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Mobile Home Park Act. Disclosure of this information is mandatory.
2. Submit this application to the Department's address indicated above. Upon receipt of this form the Department will send a letter of acknowledgment to the new licensee with a copy to the previous licensee. An amended license will be sent to the new licensee after a determination that the community is in substantial compliance with the requirements of the Mobile Home Park Act and Manufactured Home Community Code.