



## Manufactured Community Home License Application

**Lincoln County Health Department**

607 N. Sales Street, Suite 101

Merrill, WI 54452

(715)-536-0307 Fax (715)-536-2011

[www.lincolncountyhealthdepartment.com](http://www.lincolncountyhealthdepartment.com)

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**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: Lincoln County Health Department
- Mail application and check to the above address.
- Definitions: **Manufactured Home Community.** Any plot or plots of ground upon which 3 or more manufactures home units, occupied for dwelling or sleeping purposes, are located, regardless whether or not a change is made for such accommodations. **Owner** – Person, state or local government. “Persons” includes individuals, partnerships, firms, companies or corporations.

**Please Type or Print**

This is for <input type="checkbox"/> Newly License Community <input type="checkbox"/> Expansion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> 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. (    )	
Number of Manufactures Home Sites		Name of Former Owner (if applicable)	
** If Manufacture 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="checkbox"/> Public <input type="checkbox"/> Private		Septic Source <input type="checkbox"/> Public <input type="checkbox"/> Private	
Presently Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, agency name and year inspected:			
Number of Sites Locally Licensed		Annual Local Fee	
<b>Required Fees: Check the fee that applies:</b>			
<b>No. of Sites New or Added</b>	<b>Change in Owner</b>	<b>Expansion of Existing Site</b>	<b>New MHC</b>
83A (1-20 sites)	<input type="checkbox"/> \$275	<input type="checkbox"/> \$145	<input type="checkbox"/> \$425
83B (21-50 sites)	<input type="checkbox"/> \$370	<input type="checkbox"/> \$245	<input type="checkbox"/> \$695
83C (51-100 sites)	<input type="checkbox"/> \$535	<input type="checkbox"/> \$370	<input type="checkbox"/> \$1,085
83D (101-175 sites)	<input type="checkbox"/> \$690	<input type="checkbox"/> \$470	<input type="checkbox"/> \$1,390
83F (175+ sites)	<input type="checkbox"/> \$800	<input type="checkbox"/> \$520	<input type="checkbox"/> \$1,550
<b>Printed Owner or Agency Representative Name</b>			
X _____			
<b>Signature of Owner or Agency Representative</b>	<b>Title</b>	<b>Date</b>	