

DEVELOPER
APPLICATION FOR RENEWAL OF
TIME SHARE LIMITED PERMIT

Sale to Current Owners of the Same
Time Share Plan

FOR OFFICE USE

Forfeited: _____

TLP - _____

1. Time share plan

a. Name: _____

b. Location: _____
(Include mailing address)

Is the plan a multiple location time share plan? ☐ YES ☐ NO

If "YES", name the states in which the plan's properties are located. _____

The time share plan is registered in the states where the time share properties are located ☐ YES ☐ NO

If the time share plan is not required to be registered in the states where the time share properties are located, the time share plan is in compliance with the applicable laws of those states ☐ YES ☐ NO ☐ N/A

2. Name of Applicant: _____

Address: _____ Phone No: _____

Applicant is: ☐ individual ☐ corporation ☐ limited liability company (LLC)
☐ partnership ☐ joint venture ☐ limited liability partnership (LLP)

Registered with the State Business Registration Division as of: _____

<u>Name of officers/partners/members/managers</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(CONTINUED ON PAGE 2)

Name of Applicant: _____ Date: _____

3. Responsible managing employee:

Name

Mailing Address (include suite no., city, state & zip code)

Phone No.

4. ☐ Applicant has a time share plan currently registered in the State

Name of time share plan: _____ TD #: _____

Date registered: _____ Date last amended: _____

Attach a separate sheet if more than one time share plan is registered in the State

- ☐ Applicant is an affiliate of a developer that has a time share plan currently registered in the State

Name of affiliate developer: _____

Address: _____ Phone: _____

Name of time share plan: _____ TD #: _____

Date registered: _____ Date last amended: _____

Attach a separate sheet if more than one time share plan is registered in the State

5. Plan Manager:

Name

Mailing Address (include suite no., city, state & zip code)

6. Applicant's attorney:

Name

Mailing Address (include suite no., city, state & zip code)

Phone No.

7. Escrow account currently maintained at:

Name

Mailing Address (include suite no., city, state & zip code)

Phone No.

Account No.

Date Established

(CONTINUED ON PAGE 3)

Name of Applicant: _____

Date: _____

8. The following questions apply to the applicant and its officers, directors, partners, members, managers, real estate broker (if applicable), and RME(s):
- a. In the past year, have you been convicted of any crime, felony, or misdemeanor (*excluding traffic violations*), which has not been annulled or expunged, in this State or in any other state? ☐ YES ☐ NO
 - b. In the past year, has any license in this State or any other state been formally disciplined by way of a suspension, restriction, or revocation? ☐ YES ☐ NO
 - c. Are there any disciplinary actions pending against you? ☐ YES ☐ NO

For any "YES" response above, please provide information on the date, place and type of conviction or disciplinary action on a separate sheet of paper and attach to this renewal.

I hereby certify that the statements and answers on this application and accompanying documents are true and correct. I understand that any misrepresentation shall constitute grounds for refusal or subsequent revocation of permit. (Section 710-1017, Hawaii Revised Statutes).

Date

Signature of Applicant

Print Name and Title

Address

Phone

(CONTINUED ON PAGE 4)

**DEVELOPER APPLICATION FOR RENEWAL OF
TIME SHARE LIMITED PERMIT
(Sale to Current Owners of the Same Time Share Plan)**

INSTRUCTIONS & INFORMATION

1. This form is to be used by a developer for renewal of a time share limited permit.
2. The Director will not receive this application unless the applicant has completed every statement in the application.
3. Please attach the following payment:

\$50 Renewal Fee (non-refundable)

The above-prescribed fee shall be paid in the form of a check made payable to: Department of Commerce and Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)

4. Mail or deliver all required items to:

Time Share Program
Department of Commerce and Consumer Affairs
335 Merchant Street, Room 329
P.O. Box 3469
Honolulu, HI 96801

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after the approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Time Share Administrator at (808) 586-2709 to submit your request.