

**APPLICATION FOR REGISTRATION
OF TIME SHARE
PLAN MANAGER**

FOR OFFICE USE	Received _____
	Accepted _____
	Reg. No. _____

1. Name of applicant _____

2. Address _____ Phone _____

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

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

Registered with the State Business Registration Division as a:
 corporation partnership joint venture LLC LLP

Date of registration _____

4. Responsible managing employee(s)

<i>Name</i>	<i>Address</i>	<i>Phone</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>

NOTE: Describe duties, functions, etc., of RME(s) on a separate sheet.

5. Applicant's attorney _____
Name
Mailing Address (include suite no. & zip code) Phone

6. Time share property or plan
a. Name _____
b. Location _____
c. Developer _____
Name
Mailing Address (include suite no. & zip code) Phone
d. Reg. No. _____

7. Plan manager's account required under Section 16-106-33, Hawaii Administrative Rules, Time Sharing, established at
Name
Mailing Address (include suite no. & zip code) Phone
Account No. Date Established

8. Name and address of non-profit organization, club or association required under Section 514E-29, Hawaii Revised Statutes
Name
Mailing Address (include suite no. & zip code) Phone
Date established _____

9. The address at which all accounting records, including but not limited to receipts, expenditures, and payment vouchers are maintained: _____

10. The following questions apply to the applicant and/or its partners, officers, directors, members, managers, real estate broker (if applicable), and RME(s):
- a. In the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged in this State or in any other State? YES NO
If "yes," provide information on the date, place and type of conviction on a separate sheet.
 - b. Was any license, in this State or any other state, suspended or revoked at any time? YES NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.
 - c. Is there any administrative action pending against you in this State or any other state? YES NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.
 - d. Was any application for license denied in this State or any other state? YES NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

e. Have any complaints or charges ever been filed against you, regardless of outcome, in this State or any other state? YES NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

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 license. (Section 710-1017, Hawaii Revised Statutes)

Date

signature of Applicant

Print Name and Title

APPLICATION FOR REGISTRATION OF TIME SHARE PLAN MANAGER

INSTRUCTIONS & INFORMATION

1. An applicant shall not submit this form to the Department unless the time share plan with which the applicant is affiliated has been accepted for registration by the Director.
2. The Director will not receive this application unless the applicant has completed every statement in the application and the application is accompanied by the material specified in Section 16-106-4(d), Hawaii Administrative Rules, Time Sharing.
3. The Director will act upon this application within 60 days after receipt of a complete application.
4. If the applicant is a corporation, partnership, joint venture, limited liability company (LLC), or limited liability partnership (LLP), the applicant must designate a responsible managing employee (RME).
5. Please attach payment of registration fees in the amount specified in Section 16-53-40.3, Hawaii Administrative Rules, *Fees Relating to Boards and Commissions*, as follows:

Plan Manager: \$100 application (*nonrefundable*)
 \$122 registration
 \$ 66 Compliance Resolution Fund

The above-prescribed fees shall be paid in the form of a check payable to "*Department of Commerce and Consumer Affairs.*"

6. Mail or deliver all required items to:

Time Share Program
Department of Commerce and Consumer Affairs
335 Merchant Street, P. O. Box 3469
Honolulu, Hawaii 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 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 586-2709 to submit your request.