| APPLICATION FOR LICENSE: | REAL ESTATE CORPORATION, PARTNERSHIP, | Appr | Approved/date: | | Notice mailed on: |
|--|---|---------------------|----------------|----|-------------------|
| Access this form via website at: www | LIMITED LIABILITY COMPANY (LLC), LIMITED LIABILITY PARTNERSHIP (LLP) v.hawaii.gov/hirec | LICENSE NO, RB - | | Ef | fective date: |
| Type of Application (check one only): | | ASS | ASSIGNED NO. A | | |
| Corporation Partnership LLC LLP | | | | | |
| Name of Applicant - AS REGISTERED WITH BUSINESS REGISTRATION DIVISION | | | | | |
| Trade Name, if used: | | | | | |
| Location of Principal Place of Business (Include street address, suite no., city, state & zip code): | | | | | |
| Mailing Address (If different from above): | | | | | |
| Telephone No. of Principal Place of Business: | | | | | |
| Name of Principal Broker: | License No. of Principal Broker: | - | | | |
| | RB | | | | |

ANSWER ALL QUESTIONS BELOW

Answer all questions. Check the appropriate response. Questions 1 through 6 refer to the applicant, to any officer or director of the corporation, to any manager or member of the LLC, or to any partner of the partnership or LLP. If any response to questions 1 through 6 is "Yes", refer to the instructions for additional documents that MUST be submitted with this application.

| (1) Has an application for license or a real estate license ever been denied, suspended, fined, involuntarily terminated, revoked, or otherwise subject to disciplinary action, regardless of outcome? | Yes | 🗌 NO |
|--|-------|------|
| (2) Have any complaints or charges ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? | 🗌 YES | 🗌 NO |
| (3) Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? | 🗌 YES | 🗌 NO |
| (4) Are there any pending disciplinary actions in any jurisdiction against you? | YES | 🗌 NO |
| (5) In the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged? | 🗌 YES | NO |
| (6) Are there any pending lawsuits, unpaid judgments, outstanding tax obligations, or any other type of involuntary liens against you? | YES | NO |
| (7) Is the corporation, partnership, LLC, LLP, or trade name properly filed with the Business Registration Division of Department of Commerce and Consumer Affairs? | YES | 🗌 NO |
| (8) Is the applicant now solvent? | YES | NO |

(CONTINUED ON BACK)

| Appl | 580 | \$50 |
|----------------|-----|----------|
| Llc | 581 | \$60 |
| EF | 905 | \$40 |
| Recovery Fund | 904 | \$50 |
| CRF (even/odd) | 583 | \$54/110 |
| 1/2 Ren | 570 | \$61 |
| Service Charge | BCF | \$25 |

Provide the names, residence addresses, and telephone numbers of officers, partners, managers, and members. Attach a separate sheet if necessary.

| Name & Title | Hawaii Real Estate License No. (If none, state "none") | Residence Address (not P.O. Box) and Phone No. |
|---------------------------------------|--|---|
| President/Partner/Manager/Member | | |
| Vice President/Partner/Manager/Member | | |
| Secretary/Partner/Manager/Member | | |
| Treasurer/Partner/Manager/Member | | |
| Director/Partner/Manager/Member | | |

CERTIFICATION

I have read and understand the instructions, the laws and rules relating to real estate licenses, and have submitted all required documents and fees.

I understand that it is my responsibility to read the instructions thoroughly and to file a complete application, including required documents and fees. I hereby certify that the statements and answers on this application and accompanying documents are true and correct. I hereby certify that the place of business is in compliance with Chapter 467, Hawaii Revised Statutes, and Chapter 99, Hawaii Administrative Rules. I understand that any false or untrue statement or material misstatement of fact shall constitute grounds for refusal or subsequent revocation of license and is a misdemeanor under Hawaii law. (Sections 467-20 and 710-1017, HRS).

Date

Signature of Principal Broker

Print Name & Lic No.

Date

Signature of Officer, Partner, Manager or Member

RB-

RB-

Print Name & Lic No.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.