



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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BusinessRegistrations.com

Nonrefundable
Publicity Name Rights Registration
Filing Fee: \$50.00
Expedited Handling Fee: \$20.00

APPLICATION FOR PUBLICITY RIGHTS NAME REGISTRATION

(Section 482P, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

The undersigned, for the purpose of registering publicity rights under the laws of the State of Hawaii, do hereby execute this application for registration:

1.	Registration is (select one): <input type="checkbox"/> New OR <input type="checkbox"/> A Renewal (Certificate No. <input style="width: 150px;" type="text"/>)												
2.	The Publicity Rights Name is: <input style="width: 100%; height: 25px;" type="text"/>												
3.	3a. The applicant is (select one): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> An Entity Entity Name <input style="width: 100%; height: 25px;" type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input style="width: 100%; height: 25px;" type="text"/> File Number (if the entity is registered in Hawaii) <input style="width: 100%; height: 25px;" type="text"/> </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> An Individual First Name <input style="width: 100%; height: 25px;" type="text"/> Last Name <input style="width: 100%; height: 25px;" type="text"/> </td> </tr> </table> <p>3b. The entity applicant is a/an (select one):</p> <p> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Unincorporated Association </p> <p> <input type="checkbox"/> Other (explain): <input style="width: 600px;" type="text"/> </p>	<input type="checkbox"/> An Entity Entity Name <input style="width: 100%; height: 25px;" type="text"/> State, Province, or Country of Formation/Incorporation/Organization <input style="width: 100%; height: 25px;" type="text"/> File Number (if the entity is registered in Hawaii) <input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/> An Individual First Name <input style="width: 100%; height: 25px;" type="text"/> Last Name <input style="width: 100%; height: 25px;" type="text"/>										
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4.	The complete business address of the applicant is: <table style="width: 100%; border: none;"> <tr> <td style="width: 100%;">Country</td> </tr> <tr> <td><input style="width: 100%; height: 25px;" type="text"/></td> </tr> <tr> <td>Address (Number and Street)</td> </tr> <tr> <td><input style="width: 100%; height: 25px;" type="text"/></td> </tr> <tr> <td>Address Line 2 (optional)</td> </tr> <tr> <td><input style="width: 100%; height: 25px;" type="text"/></td> </tr> <tr> <td>City</td> <td style="width: 150px;">State</td> <td style="width: 100px;">Zip Code</td> </tr> <tr> <td><input style="width: 100%; height: 25px;" type="text"/></td> <td><input style="width: 100%; height: 25px;" type="text"/></td> <td><input style="width: 100%; height: 25px;" type="text"/></td> </tr> </table>	Country	<input style="width: 100%; height: 25px;" type="text"/>	Address (Number and Street)	<input style="width: 100%; height: 25px;" type="text"/>	Address Line 2 (optional)	<input style="width: 100%; height: 25px;" type="text"/>	City	State	Zip Code	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
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City	State	Zip Code											
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>											

5. The applicant is (select one):
 The originator of the name OR An assignee (Name was assigned to applicant)

6. The nature of business for which the name is being used:

I certify under the penalties of Section 482P-8, Hawaii Revised Statutes, that (select one):

I am the applicant OR I am the of the entity applicant
(Office Held)

named in the foregoing application, I am authorized to sign this application, and that the above statements are true and correct to the best of my knowledge and belief.

Signed this day of , .

(Type/Print Name)

(Signature)

See FORM T-7-INSTR for instructions on preparing and filing this form.

(DEPARTMENTAL USE ONLY)

CERTIFICATE OF REGISTRATION OF PUBLICITY RIGHTS NAME

Certificate of Registration No.

In accordance with the provisions of Chapter 482P, Hawaii Revised Statutes, this Certificate of Registration is issued to give notice of the aforesaid applicant's filing of a PUBLICITY RIGHTS NAME throughout the State of Hawaii for the term of five years from

to .

REGISTRATION OF A PUBLICITY RIGHTS NAME WITH THE DEPARTMENT DOES NOT GRANT YOU OWNERSHIP OF THE PUBLICITY RIGHTS NAME.

STATE OF HAWAII
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Dated: _____

 (Director of Commerce and Consumer Affairs)