

APPLICATION FOR REGISTRATION - DEVELOPER

INSTRUCTIONS & INFORMATION

1. This form is to be used by a developer for registration of a time share plan. The developer's application must be submitted with the documents specified in the "*Check List for Developer Registration*" disseminated by the Department.
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 documents specified in the above-mentioned "*Check List for Developer Registration*".
3. Two (2) complete sets of the application must be submitted.
4. The Director will act upon this application within sixty (60) days after receipt of a **complete** application.
5. 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).
6. 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:

\$ 750	Application (non-refundable)
\$1400	Registration (one property)
\$ 100/property	Registration for each additional property (up to a maximum of 40 additional properties)
\$ 184	Compliance Resolution Fund, <u>PLUS</u> \$246 for each unit in the time share plan up through twenty-five units.

In addition to the above fees, payment of an initial deposit to cover the cost of the consultant review of the developer's application for registration must be submitted as authorized under Section 514E-10.5, Hawaii Revised Statutes. Additional sums may be required if the cost of the review exceeds the initial deposit. All funds in excess of the final cost of such review will be refunded to the developer.

The above-prescribed fees 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.)

7. Mail all required items to:

*Time Share Program
Department of Commerce and Consumer Affairs
P.O. Box 3469
Honolulu, HI 96801*

OR

- Deliver to office:

*Time Share Program
Department of Commerce and Consumer Affairs
335 Merchant Street, Rm. 329
Honolulu, HI 96813*

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.

DEVELOPER APPLICATION
FOR REGISTRATION OF
TIME SHARE PLAN

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

1. Time Share property or plan:
- a. Name: _____
- b. Location: _____
(Include mailing address)
- c. Is the plan a multiple location time share plan? ☐ YES ☐ NO
- If "YES", provide a list of locations, including addresses: _____

2. Name of Applicant: _____
- Address: _____ Phone No.: _____
- 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: _____

3. Responsible managing employee(s):
- | <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

(CONTINUED ON PAGE 2)

Print Name of Applicant _____ Date _____

4. Applicant is also: ☐ acquisition agent ☐ sales agent ☐ plan manager

5. If applicant is not also the acquisition agent, sales agent or plan manager, complete the following:

Acquisition agent:

Name

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

Sales agent:

Name

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

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. Nature of time share plan: ☐ right to use ☐ ownership

- a. No. of units: _____

No. of time share interests in each unit: _____

No. of week(s) in a time share interest: _____

(For multiple location time share plans, provide a chart with the above information for each location)

- b. Geographical location:

☐ designated for hotel use

☐ designated for resort use

☐ designated for transient vacation rentals

☐ hotel where the county explicitly approves time share use as a non-conforming use

☐ existing hotel which is a valid non-conforming use and in a county with a population in excess of 500,000

8. The developer's interest in the time share property _____ an option to purchase.
(is or is not)

9. Briefly state manner in which title to the time share property is held: _____

(Attach separate sheet if necessary.)

(CONTINUED ON PAGE 3)

10. Indicate method under section 514E-19, HRS, by which purchasers are protected against blanket liens on the time share property:

11. Escrow account established at: _____

Name

Mailing Address (include suite no., city, state & zip code) _____ *Phone No.* _____

Account No. _____ *Date Established* _____

12. Name and address of nonprofit time share owners organization, club or association:

Name

Mailing Address (include suite no., city, state & zip code) _____ *Phone No.* _____

Date Established _____

13. The following questions apply to the applicant and/or its partners, officers, directors, members, managers and RME(s):
- a. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ 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.
- f. Have you ever filed for bankruptcy? ☐ YES ☐ NO
- If "YES", in what state(s) _____ and briefly describe on a separate sheet.

Print Name of Applicant _____

Date _____

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).

Signature of Developer

Date

Print Name and Title

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.