DEVELOPER

APPLICATION FOR ISSUANCE OF

TIME SHARE LIMITED PERMIT

Sale to Current Owners of the Same Time Share Plan

	Received:	
	Accepted:	
	Permit No.	
USE		
ICE		
FOR OFFICE USE		
-OR		
_		

Time share p	an					
a. Name:						
		(In	clude mailing address)			
Is the plan a	multiple location time sha	are plan?		YES NO		
If "YES", nam	e the states in which the p	olan's properties are located.				
The time sha	re plan is registered in the	e states where the time share p	properties are located	YES NO		
If the time sh located, the t	are plan is not required to ime share plan is in comp	be registered in the states wh liance with the applicable law	nere the time share properties are s of those states	YES NO]N/A	
Name of App	olicant:					
Name of Applicant:Address:			Dhana Na			
Applicant is:		○ corporation				
		Corporation	limited liability company (LLC)			
	partnership	joint venture	limited liability company (LLC)			
Registered w		joint venture				
_		joint venture	limited liability partnership (LLP)			
_	vith the State Business Rec	joint venture	limited liability partnership (LLP)			
_	vith the State Business Rec	joint venture	limited liability partnership (LLP)			

(CONTINUED ON PAGE 2)

 Limited Permit Reg
 629
 \$1,000

 Service Fee
 BCF
 \$ 25

1.

2.

ame of Applicant:		Date:		
Responsible managing employee:				
	Name			
·	Mailing Address (include suite no., city, state & zip code)		Phone No.	
A souliseant has a time a share a	lan currently registered in the State			
	, -	TD #.		
	Data last amondo			
		ed:		
Attach a separate sheet if mo	ore than one time share plan is registered in the State			
Applicant is an affiliate of a d	developer that has a time share plan currently registered in the	State		
Name of affiliate developer	:			
		ed:		
Plan Manager:	Name			
	Mailing Address (include suite no., city, state & zip co			
A Providence				
Applicant's attorney:	Name			
	Mailing Address (include suite no., city, state & zip code)		Phone No.	
Escrow account				
established at:	Name			
	Mailing Address finely described		Dham. No	
	Mailing Address (include suite no., city, state & zip code)		Phone No.	
	Account No.	Date Established		

(CONTINUED ON PAGE 3)

Name of Applicant:		f 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.	If you have a time share plan currently registered in the State, in the past <u>two years</u> , have you been convicted of any crime, felony, or misdemeanor (<i>excluding traffic violations</i>), which has not been annulled or expunged, in this State or in any other state?			NO	□N/A
		If "YES", in what state(s)	and briefly describe on a			
		separate sheet.				
	b.	If you do not have a time share plan currently registered in the State but are affiliated with a developer that has a time share plan currently registered in the State, in the past <u>twenty years</u> , have you been convicted of any crime, felony, or misdemeanor (<i>excluding traffic violations</i>), which has not been annulled or expunged, in this State or in any other state?		YES	□NO	□N/A
		If "YES", in what state(s)	and briefly describe on a			
		separate sheet.				
	c.	Was any license, in this State or any other state, suspend	ed or revoked at any time?	YES	NO	
	С.	If "YES", in what state(s)	·			
		separate sheet.				
			_	7,456		
c	d.	Is there any administrative action pending against you in	•	YES	∐NO	
		If "YES", in what state(s)	and briefly describe on a			
		separate sheet.				
	e.	Was any application for license denied in this State or an	y other state?	YES	NO	
		If "YES", in what state(s)				
		separate sheet.				
	f.	Have any complaints or charges ever been filed against yor any other state?		YES	□NO	
		If "YES", in what state(s)	and briefly describe on a			
		separate sheet.				
				YES	□NO	
	g.	Have you ever filed for bankruptcy?			Пио	
		If "YES", in what state(s)separate sheet.	and briefly describe on a			
		separate sneet.				
sha	ll cor	I hereby certify that the statements and answers on this astitute grounds for refusal or subsequent revocation of po		any mis	represent	ation
Date		 Date	Signature of Applicant			
			3			
Disarra		Phone	Print Name and Title			
		THORE	rint Name and fille			
			Address			

DEVELOPER APPLICATION FOR ISSUANCE OF TIME SHARE LIMITED PERMIT

INSTRUCTIONS & INFORMATION

- 1. This form is to be used by a developer for issuance 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. The Director will act upon this application within 10 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 the following payment:

\$1,000 Application Fee (non-refundable)

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

6. 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.