BIENNIAL NOTICE TO RENEW PLAN MANAGER

INSTRUCTIONS & INFORMATION

- 1. This form is to be used by a plan manager for renewal of the time share plan manager registration on or before <u>December 31, 2022</u>. A separate application for renewal shall be submitted for each time share plan for which the applicant is registered as a plan manager.
- 2. This application will not be received by the Director unless every statement in the application has been completed by the applicant and the application is accompanied by the documents specified in Section 16-106-4.2(d), Hawaii Administrative Rules (HAR), Time Sharing.
- 3. The Director will act upon this application within 60 days after receipt of a complete application.
- 4. Fees: Please attach the following application fees. Payment shall be 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.

Active \$190 Renewal Fee (nonrefundable)

\$ 80 Compliance Resolution Fund Fee

\$270 TOTAL

Inactive \$ 12 Inactive Registration Fee (nonrefundable)

\$ 80 Compliance Resolution Fund Fee

\$ 92 TOTAL

For inactive registrations, only the renewal application form and inactive fees are required to be submitted.

- 5. Failure, neglect or refusal by the applicant to pay the renewal and CRF fees or to submit the documents required by Section 16-106-4.2(d), HAR, shall constitute a forfeiture of the applicant's registration. Any registration which has been forfeited may be restored within 90 days upon written application and payment to the Department of the delinquent fees and a penalty fee of \$400, provided that the registration meets all of the requirements for renewal specified in Section 16-106-4.2(d), HAR. The applicant shall not engage in any time share activities in connection with the forfeited registration until the registration has been restored.
- 6. Mail all required items to:

Deliver to office:

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

OR Department of Commerce and Consumer Affairs 335 Merchant Street, Rm. 329
Honolulu, HI 96813

7. Section 237D-2, Hawaii Revised Statutes, subjects timesharing to the transient accommodations tax (TAT). Every time share plan shall be represented by a plan manager who "shall be liable for and pay to the State" the TAT.

Each plan manager and Operator must register with the **Department of Taxation**. For more information, **please call the Taxpayer Services Branch at (808) 587-4242 or toll-free at 1-800-222-3229.**

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.

Section 16-106-4.2(d), Hawaii Administrative Rules (excerpt)

§16-106-4.2 Biennial renewal requirement.

* * *

- (d) A plan manager, including the developer if it is also the plan manager, shall submit the following to the director at the to the director at the time of renewal of the plan manager's registration not later than December 31 of each odd-numbered year*; provided that the plan manager shall submit a separate application for renewal with respect to each time share plan with which the plan manager is registered; and provided further that no application for renewal shall be deemed complete, nor shall the same be accepted for registration, unless the prescribed information is provided separately tabbed and numbered in the exact order as follows:
 - (1) An application for renewal of registration on a form prescribed by the director;
 - (2) The address at which all accounting records, including but not limited to receipts, expenditures, and payment vouchers, are currently maintained;
 - (3) Satisfactory evidence that the plan manager is currently bonded as required by section 16-106-40 to cover any default of the plan manager and any of the employees of the plan manager of their duties and responsibilities;
 - (4) A copy of the executed management agreement currently applicable to the time share plan;
 - (5) The name and address of the person in the State authorized to receive service of process on behalf of the plan manager; provided that written notification of any change of this name or address shall be submitted to the director within twenty days of any change;
 - (6) If a corporation, partnership, or joint venture, a certificate of good standing issued by the Business Registration Division of the Department not more than forty-five days before the date of submission of the application; and
 - (7) The biennial renewal fee.

* * *

* NOTE: Statutory amendment to Hawaii Revised Statutes section 514E-10(f) now provides for plan manager renewal by December 31 of each even-numbered year.

APPLICATION FOR RENEWAL OF TIME SHARE REGISTRATION PLAN MANAGER	Reg. No. TSM - Reg. No. RB -
1. Name of Applicant:	
2. Address:	Phone:
3. Status of registration: active inactive	
4. Applicant is: individual corporation limited liability company partnership joint venture limited liability partners	
Name of officers/partners/members/managers <u>Title</u>	<u>Address</u>
5. Responsible managing employee(s)	
Name	
Mailing Address (include suite no. & zip code)	Phone No.
Name	
Mailing Address (include suite no. & zip code)	Phone No.
Name	
Mailing Address (include suite no. & zip code)	Phone No.
6. Applicant's attorney:	

(CONTINUED ON PAGE 2)

 Plan Manager
 627
 \$190

 CRF
 621
 \$ 80

 Penalty
 631
 \$400

 Service Fee
 BCF
 \$ 25

Phone No.

Mailing Address (include suite no. & zip code)

7. Time share property or plan		
a. Name:		_
b. Location:		
	Mailing Address (include suite no. & zip code)	
c. Developer:		
	Name	
	Mailing Address (include suite no. & zip code)	Phone No.
d. Reg. No. TD -		
e. Number of time share units manage	ed:	
Attach a list of all time share units or	n a separate sheet of paper.	
8 Plan manager's account required unde	r Section 16-106-33, Hawaii Administrative Rules, Time Sharing, currently mainta	ined at:
o. Transmanager succount required unde	i section to 100 33, nawan Administrative Raics, time sharing, earreinly mainta	med at.
	Name	
Mailing Ad	ddress (include suite no. & zip code)	Phone No.
Account No.	-	
•	e appropriate box. The application will be incomplete if any question is unansword its partners, officers, directors, and RME(s):	ered.
a. Have you ever had any license suspe	ended, revoked, or otherwise subject to disciplinary action?	YES NO
b. Are there any disciplinary actions pe	nding against you?	YES NO
c. Have you ever been convicted of a cr	rime in any jurisdiction that has not been annulled or expunged?	YES NO
For any "YES" response above, please p sheet of paper and attach to this renew	rovide information on the date, place and type of conviction or disciplinary actio val.	n on a separate
	answers on this application and accompanying documents are true and correct. rute grounds for refusal or subsequent revocation of license. (section 710-1017, h	
Date	Signature of Applicant	
	Print Name	
	Print Title	
Applicant is registered with the Departme	nt of Taxation as required under	
		YES NO

All questions regarding Section 237D-4 may be directed to the Department of Taxation, Taxpayer Services Branch at (808) 587-4242 or toll-free at 1-800-222-3229.