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, 2024</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 applicable 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 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:

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

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 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 section16-106-40 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(e) now provides for plan manager renewal by December 31 of each even-numbered year.

Forfeited _	 	
Restored		

APPLICATION FOR RENEWAL OF TIME SHARE REGISTRATION PLAN MANAGER

Name of Applicant: Address:		Reg.	No. TSM
Address:		Reg.	No. RB-
Status of registration:	Name of Applicant:		
Applicant is: individual corporation limited liability company (LLC) partnership joint venture limited liability partnership (LLP) Name of officers/partners/members/managers Title Address Responsible managing employee(s) Name Mailing Address (include suite no. & zip code) Phone No. Name Mailing Address (include suite no. & zip code) Phone No. Applicant's attorney: Name	Address:	Ph	none:
partnership joint venture limited liability partnership (LLP) Name of officers/partners/members/managers Title Address	Status of registration: active inactive		
Responsible managing employee(s) Name Mailing Address (include suite no. & zip code) Phone No. Name Mailing Address (include suite no. & zip code) Phone No. Applicant's attorney: Name			
Name Mailing Address (include suite no. & zip code) Name Name Mailing Address (include suite no. & zip code) Phone No. Applicant's attorney: Name	Name of officers/partners/members/managers	<u>Title</u>	Address
Name Mailing Address (include suite no. & zip code) Name Name Mailing Address (include suite no. & zip code) Phone No. Phone No. Applicant's attorney: Name			
Name Mailing Address (include suite no. & zip code) Name Name Mailing Address (include suite no. & zip code) Phone No. Applicant's attorney: Name			
Name Mailing Address (include suite no. & zip code) Phone No. Applicant's attorney: Name		9	
Mailing Address (include suite no. & zip code) Phone No. Applicant's attorney: Name	Mailing Address (include suite no. &	zip code)	Phone No.
Applicant's attorney:		Name	
Name	Mailing Address (include suite no. &	zip code)	Phone No.
	Applicant's attorney:		
Mailing Address (include suite no.& zip code) Phone No.		Name	
	Mailing Address (include suite no.8	k zip code)	Phone No.

(CONTINUED ON PAGE 2)

7. Time share property or plan:					
a. Name:					
b. Location:					
	ng Address (include suite no. & zip code)				
c. Developer:					
	Name				
Mailing Address (inclu	de suite no. & zip code)	Phone No.			
d. Reg.No.TD-	_				
e. Number of time share units managed:(Attach a list of all time share units on a separate sheet of	f paper)				
8. Plan manager's account required under Section 16-106-33,	Hawaii Administrative Rules, Time Sharing, currently	maintained	at:		
	Name				
Mailing Address (include suite no. &	zip code)	Phone No.			
Account No.					
9. Answer ALL questions with an "X" in the appropriate box. The questions apply to the applicant and its partners, office		unanswered	d.		
a. Have you ever had any license suspended, revoked, or othe	rwise subject to disciplinary action?	☐ YES	□ NO		
b. Are there any disciplinary actions pending against you?		☐ YES	□ NO		
c. Have you ever been convicted of a crime in any jurisdic	ction that has not been annulled or expunged?	□YES	□NO		
For any "YES" response above, please provide information separate sheet of paper and attach to this renewal.	on the date, place and type of conviction or disciplina	ry action on	ıa		
I hereby certify that the statements and answers on this appli- that any misrepresentation shall constitute grounds for refusa Statutes).					
Date	Signature of Applicant				
	Print Name				
	Print Title				
Applicant is registered with the Department of Taxation as re	quired undersection 237D-4, Hawaii Revised Statutes	s YE	s 🗆 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.