

**APPLICATION FOR LICENSE: REAL ESTATE CORPORATION,
PARTNERSHIP,
LIMITED LIABILITY COMPANY (LLC),
LIMITED LIABILITY PARTNERSHIP (LLP)**

Access this form via website at: www.hawaii.gov/hirec

Type of Application (check one only):

- Corporation Partnership LLC LLP

Name of Applicant - AS REGISTERED WITH BUSINESS REGISTRATION DIVISION

Trade Name, if used:

Location of Principal Place of Business (Include street address, suite no., city, state & zip code):

Mailing Address (If different from above):

Email Address:

Telephone No. of Principal Place of Business:

Name of Principal Broker:

License No. of Principal Broker:

RB- _____

| | |
|---------------------|-------------------|
| Approved/date: | Notice mailed on: |
| LICENSE NO, RB - | Effective date: |
| ASSIGNED NO. A | |

FOR OFFICE USE ONLY

ANSWER ALL QUESTIONS BELOW

Answer all questions. Check the appropriate response. Questions 1 through 6 refer to the applicant, to any officer or director of the corporation, to any manager or member of the LLC, or to any partner of the partnership or LLP. If any response to questions 1 through 6 is "Yes", refer to the instructions for additional documents that MUST be submitted with this application.

- (1) Has an application for license or a real estate license ever been denied, suspended, fined, involuntarily terminated, revoked, or otherwise subject to disciplinary action, regardless of outcome?..... YES NO
- (2) Have any complaints or charges ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? YES NO
- (3) Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? YES NO
- (4) Are there any pending disciplinary actions in any jurisdiction against you?..... YES NO
- (5) In the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
- (6) Are there any pending lawsuits, unpaid judgments, outstanding tax obligations, or any other type of involuntary liens against you?..... YES NO
- (7) Is the corporation, partnership, LLC, LLP, or trade name properly filed with the Business Registration Division of Department of Commerce and Consumer Affairs? YES NO
- (8) Is the applicant now solvent?..... YES NO

(CONTINUED ON BACK)

| | | |
|---------------------|----------|----------|
| Appl..... | 580..... | \$50 |
| Llc..... | 581..... | \$60 |
| EF..... | 905..... | \$40 |
| Recovery Fund..... | 904..... | \$50 |
| CRF (even/odd)..... | 583..... | \$54/110 |
| 1/2 Ren..... | 570..... | \$61 |
| Service Charge..... | BCF..... | \$25 |

Provide the names, residence addresses, and telephone numbers of officers, partners, managers, and members. Attach a separate sheet if necessary.

| Name & Title | Hawaii Real Estate License No. (If none, state "none") | Residence Address (not P.O. Box) and Phone No. |
|---------------------------------------|--|--|
| President/Partner/Manager/Member | | |
| Vice President/Partner/Manager/Member | | |
| Secretary/Partner/Manager/Member | | |
| Treasurer/Partner/Manager/Member | | |
| Director/Partner/Manager/Member | | |

CERTIFICATION

I have read and understand the instructions, the laws and rules relating to real estate licenses, and have submitted all required documents and fees.

I understand that it is my responsibility to read the instructions thoroughly and to file a complete application, including required documents and fees. I hereby certify that the statements and answers on this application and accompanying documents are true and correct. I hereby certify that the place of business is in compliance with Chapter 467, Hawaii Revised Statutes, and Chapter 99, Hawaii Administrative Rules. I understand that any false or untrue statement or material misstatement of fact shall constitute grounds for refusal or subsequent revocation of license and is a misdemeanor under Hawaii law. (Sections 467-20 and 710-1017, HRS).

Date _____

Signature of Principal Broker

RB- _____
Print Name & Lic No.

Date _____

Signature of Officer, Partner, Manager or Member

RB- _____
Print Name & Lic No.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.