| APPLICATION FOR LICENSE: | PARTNERSHIP, LIMITED LIABILITY COMPANY (LLC), LIMITED LIABILITY PARTNERSHIP (LLP) RB - | | ≥d/date: | Notice mailed on: | |
|---|---|---------------------|---------------------------|----------------------|--|
| | | | NO, | Effective date: | |
| Access this form via website at: www.h Type of Application (check one only): | awaii.gov/hirec | ASSIGN | ED NO. A | | |
| Corporation | Partnership LLC LLP | 7.557.571. | -27.0.7. | | |
| Name of Applicant - AS REGISTERED WI | | | | | |
| Name of Applicant 13 NEGISTENES WI | THE BOSINESS REGISTIVITION DIVISION | | | | |
| Trade Name, if used: | | | | | |
| | | | | | |
| Location of Principal Place of Business (Include street address, suite no., city, state & zip code): | | | | | |
| | | FOR OFFICE USE ONLY | | | |
| | |)SE (| | | |
| | | | | | |
| Mailing Address (If different from above | e): Email Address: | HO | | | |
| | | 윤 | | | |
| | | | | | |
| Telephone No. of Principal Place of Busi | ness: | | | | |
| | | | | | |
| Name of Principal Broker: | License No. of Principal Broker: | | | | |
| | RB- | | | | |
| | | | | | |
| | ANSWER ALL QUESTIONS | BELOW | | | |
| | | .1 11 | | l: | |
| to any manager or member of the l | propriate response. Questions 1 through 6 refer to LLC, or to any partner of the partnership or LLP. If a nts that MUST be submitted with this application. | any respons | | | |
| | a real estate license ever been denied, suspended se subject to disciplinary action, regardless of outc | | | YES NO | |
| (2) Have any complaints or charges ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? | | | | | |
| (3) Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction? | | | | | |
| | | | | | |
| (4) Are there any pending disciplina | ary 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? | | | | | |
| (6) Are there any pending lawsuits, involuntary liens against you? | YES NO | | | | |
| | LLC, LLP, or trade name properly filed with the Busterce and Consumer Affairs? | | | YES NO | |
| (8) Is the applicant now solvent? | | | | YES NO | |
| (o) is the applicant flow sometime. | | ••••• | | | |
| | (CONTINUED ON BACK) | | | | |
| | | | Appl | 580 \$50 | |
| | | | LIc | 581 \$84 | |
| | | | EF Recovery Fund | 905 \$68 904 \$84 | |
| | | | CRF (even/odd) | 583 \$63/126 | |
| | | | 1/2 Ren Service Charge | 570 \$74 BCF \$25 | |

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

| | | | eal Estate o. (If none, | Residence Address (not P.O. Box) | | | |
|--|-------------|---------|--|----------------------------------|--|--|--|
| Nam | e & Title | state ' | "none") | and Phone No. | | | |
| President/Partner/Manager/ | Member | | | | | | |
| Vice President/Partner/Mana | ager/Member | | | | | | |
| Secretary/Partner/Manager/ | Member | | | | | | |
| Treasurer/Partner/Manager/ | Member | | | | | | |
| Director/Partner/Manager/N | 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 Broke | er | | | |
| | | | Print Name & Lic No. | RB- | | | |
| Date | | | Signature of Officer, Partner, Manager or Member | | | | |
| | | | Print Name & Lic No. | RB- | | | |

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.