

OFFICE OF THE DIRECTOR
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the

Trade Name of

“ _____.”

TN-

PETITION FOR REVOCATION OF
TRADE NAME; VERIFICATION

PETITION FOR REVOCATION OF TRADE NAME

Petitioner, _____, (“Petitioner”), hereby petitions the Director of the Department of commerce and Consumer Affairs, State of Hawai`i, for the revocation of the trade name “ _____.”

1. Petitioner’s principal place of business and telephone number:

2. The name and current address of the Respondent (*registrant*):

3. Respondent’s president’s name and current address (*if Respondent is a corporation*):

4. The statutory section(s) relied upon for the revocation is/are:

_____ Hawai`i Revised Statutes §482-6 (non-use);
_____ Hawai`i Revised Statutes §482-8 (ownership)

5. Respondent was issued the certification of registration for the contested trade name on _____, certification of registration no. _____.

6. The facts in support of this petition are as follows (*attach additional pages if necessary*):

WHEREFORE, the Petitioner requests the Director of the Department of Commerce and Consumer Affairs to revoke Certificate of Registration No. _____.

DATED: _____.

Signature of Petitioner

VERIFICATION

In the Matter of the

Trade Name of

“ _____.”

SS.

_____, being first duly sworn, on oath deposes and says that s/he is the _____ (corporate officer or legal representative) of _____ (Petitioner), that s/he has examined the foregoing petition and knows the contents thereof, and that the facts set forth therein are true to the best of his/her knowledge and belief.

Subscribed and sworn to before me this

_____ day of _____, 200__.

Notary Public, State of Hawai`i

My commission expires: _____.