APPLICATION FOR REGISTRATION: CONDOMINIUM HOTEL OPERATOR

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

Approved/date:	*Notice mailed on:*
CHO Registration No. *CHO-*	*Effective date:*

Name of Applicant - AS REGISTERED WITH BUSINESS REGISTRATION DIVISION (Last-First-Middle or name of corporation, partnership, limited liability company (LLC) or limited liability partnership (LLP)):

ASSIGNED NO. A

Trade Name, if used:

Business Address in Hawaii (Include street address, suite no., city, state & zip code):

Mailing Address (If different from above):

Hawaii Telephone No.:

Name of Employee or Principal Having Direct Management and Responsibility Over Condominium Hotel Operations:

Address (If different from above):

Phone No.:

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, any partner of the partnership or LLP or to any employee or principal having direct management and responsibility over condominium hotel operations. 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/registration 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/registration authority of any jurisdiction? ..... ☐ YES ☐ NO

(3) Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing/registration 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.....	$75
Reg.....	591.....	$100/50
CRF.....	583.....	$90/45
EF.....	905.....	$40
Service Charge.....	BCF.....	$25

Provide the information requested below. Attach a separate sheet if necessary.

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

Condominium Project Name & Address and Tax Map Key	CPR No.	UNIT NUMBERS being operated as a condominium hotel	Total number of units operated in each project as a condominium hotel
(If more space needed, attach separate sheet)		List unit numbers managed for others: List unit numbers owned by applicant: List unit numbers in a registered time share plan:	
TOTAL CONDOMINIUM HOTEL UNITS OPERATED.....			

Affidavit of Applicant:

1. I understand that it is my responsibility to read the instruction sheet thoroughly. I certify that this application is complete as required, and is accompanied by the required documents and fees, or this application will be considered incomplete.

2. I certify that the information provided in this application is true and correct, and that there are no material omissions. I understand that any misrepresentation of information is grounds for the denial of this application, or the imposition of a fine (HRS §467-14), or may constitute a misdemeanor (HRS §710-1017).

3. I certify that any changes to the application information provided or proof of fidelity bond coverage shall be reported to the Real Estate Commission, in writing, within ten (10) days of the date of the change.

4. I certify that the applicant maintains a client trust account in compliance with HRS Chapter 467 and its rules.

5. I certify that applicant maintains continuous fidelity bond coverage in compliance with HRS §467-30, that evidence shall be filed with the Real Estate Commission throughout the entire registration period, and that it is my responsibility to provide such evidence. I also understand that the Commission shall terminate the registration for failure to provide such evidence, and that notice will not be given. I further understand that the Commission will not notify me of an impending bond expiration date.

6. I certify that I am operating exclusively in condominium projects specifically authorized for transient lodgings/hotels by county zoning ordinances and specifically permitted by the projects' declaration and bylaws and that the requirements of §467-30, HRS, including §467-30(f), HRS, have and will be complied with. In support, I am attaching the following documents:

   a. True copies of the declaration and bylaws for each condominium project in which the applicant operates a condominium hotel, certified by the Bureau of Conveyances or Land Court. I have marked the specific sections that allow hotel or transient lodgings (if submitted unmarked, the application is considered incomplete and will not be accepted).

   b. Copies of a recently dated letter delivered to all unit owners in each condominium project in which the applicant operates a condominium hotel. The letter notifies the owners of the non-applicability of the real estate recovery fund for applicant's unpaid judgments.

_____ _____

Signature of CHO Principal with Direct Management Responsibility — Date

_____

Print Name and Title

_____ _____

Signature of an Officer of the Corp., General Partner of the Partnership or LLP, or Manager or Member of the LLC — Date

_____

Print Name and Title

Print Form

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.