

STATE OF HAWAII
BASIC BUSINESS APPLICATION
(or Amended Application)

Place
QR Code
Here

For faster service apply online at tax.hawaii.gov/eservices
Online applications are processed in 2-4 business days.

TYPE OR PRINT LEGIBLY

1. Purpose of Application — *Check only one.* For **1b, 1c** and **1d**, Complete lines 1 through 5 and **ONLY** the information you are adding, deleting or changing.
a. New **b.** Add **c.** Delete **d.** Change (Use Form GEWTARV-1 to CANCEL any tax licenses, registrations or permits)

2. FEIN TIN SSN **3.** Hawaii Tax I.D. No.

4. Taxpayer's/Employer's/Plan Manager's Legal Name **5.** Trade name or doing business as (DBA) name, if any

6. Mailing Care of: **7.** Physical location street address of business in Hawaii (if different from mailing)

Mailing Street address or P.O. Box Physical location City State Postal/Zip Code

Mailing City State Postal/Zip Code If none, provide name, phone number and address of the person performing services in HI.

8. Type of legal organization
Corporation S Corporation General Partnership Limited Partnership Nonprofit
Sole Proprietorship Single-Member LLC LLC Government Other (Please specify)

9. Does all or part of this business qualify for a disability exemption? (See Instructions) **10.** Date Business Began in Hawaii **11.** Date of Organization **12.** State of Organization

Yes No

13. Accounting period (check only one) **14.** Accounting method (check only one) **15.** NAICS and business activity (See Instructions)

Calendar Year Cash Accrual
Fiscal Year ending Effective Effective

16. Business Phone **17.** Parent Corporation's FEIN **18.** Name of Parent Corporation **19.** Parent Corporation's Mailing Address

Alternate Phone Fax Number E-mail address

17. Parent Corporation's FEIN **18.** Name of Parent Corporation **19.** Parent Corporation's Mailing Address

20. List all sole proprietors, partners, members, or corporate officers (See Instructions) *Attach a separate sheet of paper if more space is required.*

FEIN/TIN/SSN Name (Individuals - Last, First, M.I.) Title Residential Address Contact Phone No.

FEIN TIN SSN

FEIN TIN SSN

21. TOTAL REGISTRATION FEE DUE. Add the amounts from lines 22b through 22j. See Instructions for Forms VP-1 and VP-2. Attach a check or money order made payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. Bank along with the appropriate Forms VP-1 and/or VP-2

CERTIFICATION: The above statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned who is duly authorized to sign this application.

Mail the completed application to:
HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425

Signature of Owner, Partner or Member, Officer, or Agent

Print Name Title Date
ID NO XX

Human Readable text here

• ATTACH CHECK OR MONEY ORDER AND FORMS VP-1 and/or VP-2 HERE •

Date Activity Began in Hawaii

Place QR Code Here

22. **Select Tax Type(s):** **-OR-** **Filing Period**
Effective Date If Changing Filing Period* **Mo. Qtr. Semi** **Fee** **Fee Due**
 (mm/dd/yyyy)

22a. **Withholding** (See also <http://labor.hawaii.gov/ui/>) no fee

22b. **General Excise/Use** — Select ONLY one type of GE/Use license:
 GET/Use Tax \$20.00
 GE One-Time Event \$20.00
 Please enter the name of the One-time Event (*See Instructions*)
 Use Tax Only no fee
 Seller's collection no fee

22c. **Transient Accommodations** ²⁴ 1-5 units - \$5.00
 6 or more units - \$15.00

22d. **Timeshare Occupancy** ²⁵ Number of Timeshare Plans represented X \$15.00

22e. **Transient Accommodations Broker, Travel Agency, and Tour Packager** \$15.00

22f. **Rental Motor Vehicle, Tour Vehicle, and Car-Sharing Vehicle** ²⁴ \$20.00

22g. **Liquid Fuel Distributor** no fee
 Produce Refine Manufacture Compound

22h. **Liquid Fuel Retail Dealer** ²⁴ \$5.00

22i. **Liquor** ²³ Enter your county liquor license no.
 Manufacturer \$2.50
 Wholesaler \$2.50

22j. **Cigarette & Tobacco** ²³ Non-Retail: Dealer Wholesaler \$2.50
 Retail Tobacco Permit ²⁴ Number of retail locations X \$20.00

23. Have you ever been cited for either a tobacco and/or liquor violation? Yes No

24. Check the appropriate tax type and list the address(es) of your transient accommodations (TA) rental real property; rental motor vehicle, tour vehicle, and/or car-sharing vehicle (RV); Liquid Fuel Retail Dealer's Permit (Fuel); and/or Retail Tobacco Permit (RTP) business locations. For Retail Tobacco locations, if location is a vehicle, include the Vehicle Identification Number (VIN), otherwise include the name of the retail location. *Attach a list if more space is needed.*

TA	RV	Fuel	RTP	Address	Name or VIN
----	----	------	-----	---------	-------------

25. **Resort Time Share Vacation Plan Information.** List each resort time share vacation plan represented by you. *Attach a list if more space is needed.*

New	Add	Cancel	DCCA Plan No.	Plan Name	Plan Address
-----	-----	--------	---------------	-----------	--------------

* NOTE: The requested change will take effect after the current filing period is over. The filing frequency cannot be changed retroactively.