

County of Hawaii
Department of Finance
Vehicle Registration and Licensing Division
101 Pauahi Street, Suite #5
Hilo, Hawai'i, 96720-4224
(808) 961-8351 · (808)961-8330 (Fax)

New License, or

Renewal

For Office use only: Sequence No. _____
New No. _____ Previous No. _____

Application for License(s) to Deal in Used Motor Vehicle Parts or Used Motor Vehicle Accessories; To Engage in the Business of Wrecking, Salvaging, or Dismantling Motor Vehicles; To Rebuild Motor Vehicles

FOR THE YEAR ENDING JUNE 30, _____

To the Director of Finance, County of Hawai'i, State of Hawai'i:

In accordance with Chapter 289, Hawai'i Revised Statutes, and the Rules and Regulations of the Director of Finance, County of Hawai'i, the undersigned hereby applies for a license to engage in the business of (mark applicable box or boxes):

- | | | |
|--------------------------|--|-----------------------------|
| <input type="checkbox"/> | Purchasing or selling used motor vehicle parts or accessories | License Fee: \$10.00 |
| <input type="checkbox"/> | Wrecking, salvaging, or dismantling motor vehicles for the purpose of reselling the parts or accessories | License Fee: \$10.00 |
| <input type="checkbox"/> | Rebuilding wrecked or dismantled vehicles for the purpose of resale. | License Fee: \$10.00 |

NOTE: The fee for **EACH** of the above is **\$10.00**.

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1. Name of Applicant: _____
 2. Business Name: _____
 3. Principal place of business : _____
 4. Mailing address: _____ Phone: _____
 5. Address of each place of business other than principal place above:

6. List name, residence address, and date and place of birth of applicant. If partnership or joint venture, list name, residence address, and date and place of birth of each partner or joint venturer. If corporation, list name, residence address, and date and place of birth of each of its officers and directors.

<u>Name</u>	<u>Residence Address</u>	<u>Date/Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List names and addresses of all employees involved in the business for which license(s) is (are) applied. (Attach additional sheet if more space is required.)

8. Have you ever applied for a license under Chapter 289, HRS? YES NO

If yes, give date of last application: _____ County _____

If yes, give date of last license issued: _____ County _____

9. Was any license issued to you under Chapter 289 ever revoked or suspended? YES NO

If yes, give particulars in Item 15.

10. Has any person named in Items 5 or 6 (partners, joint venturers, officers and directors, or employees) been the holder of a license issued under Chapter 289 which was revoked or suspended? YES NO

If yes, give name(s) of person(s):

11. Has any person named in Items 5 or 6 been refused a license under Chapter 286? YES NO

If yes, give particulars in Item 15.

12. Has any person named in Items 6 or 7 been convicted of a felony or misdemeanor involving moral turpitude, and not pardoned? YES NO

If yes, give particulars in Item 15.

13. Has applicant or any person named in Items 6 or 7 been found to have committed any fraudulent act in connection with the business of dealing in used motor vehicle parts or accessories and/or in the business of wrecking, salvaging, and rebuilding motor vehicles? YES NO

If yes, give particulars in Item 15.

14. If this is an application for renewal of license, are there any proceedings pending for the revocation or suspension of your existing license? YES NO

If yes, give particulars in Item 15.

15. Use this space to explain answer to questions asked above. Attach additional sheet if more space is required.

Each person named in Items 6 and 7 must request the Police Department to furnish the Director of Finance, Treasury Division, with an Abstract of Criminal Record.

I(We) _____ do solemnly swear that the statements contained in the foregoing application are true and correct and that I, as an individual or as an officer of the corporation, or we, as members of the partnership or joint venture, have authority to sign this application and to make the statements contained herein on behalf of the applicant.

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public, State of Hawaii

My commissions expires _____