



STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808) 586-2727

**APPLICATION FOR RESERVATION OF NAME**

(Section 414-52, 414D-62, 425-8, 425E-109, 428-106, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Please check current or proposed business entity type (check only one):

Corporation  
(F/\$10/B20, SH/S04)

Partnership (General/Limited/LLLP)  
(F/\$10/B20, SH/S04)

LLC  
(F/\$10/L20, SH/S21)

1. Name of Applicant: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_

3. Status of Applicant (check only one):

- a. Person intending to organize a new **domestic** business entity.
- b. **Foreign** business entity intending to carry on any business in the State of Hawaii.
- c. Person intending to organize a **foreign** business entity and intending to file necessary documents to transact business in this State.
- d. **Foreign** business entity authorized to transact business in this State and intending to change its name.
- e. Existing **domestic** business entity intending to change its name.

4. Name to be reserved: \_\_\_\_\_  
(See instruction No. 4 on reverse side)

5. For **Corporations**, name is reserved for (check one):  Profit  Nonprofit

6. For **Partnerships**, name is reserved for (check one):  General  Limited Partnership  LLLP

I certify that I have read the above statements, I am authorized to sign this application, and that the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Print Name)

By \_\_\_\_\_  
(Signature)

**(SEE INSTRUCTIONS ON REVERSE SIDE)**

\_\_\_\_\_  
(Department Use Only)

\_\_\_\_\_  
(Date)

Reservation of business entity name, as requested, hereby approved for a period of 120 days to expire at 12:00 midnight on \_\_\_\_\_.

DIRECTOR

OF COMMERCE AND CONSUMER AFFAIRS

By \_\_\_\_\_

**Instructions:** Application must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original application and together with the appropriate fee(s). Only one name may be reserved with each application.

Line 1. Name of the applicant must be stated, even though the application may be signed by the applicant's agent.

Line 2. Address of applicant may be either a street address or a P. O. Box address. You must state the complete address (including number, street, city, state, and zip code).

Line 3. If the Status of Applicant is 3d or 3e, the Applicant's Name on Line 1 must be the current name of the business entity *before* it changes its name.

Line 4. Name to be reserved must be clearly stated, with desired punctuation marks.

For **domestic profit corporations**, the reserved name must contain the word: *Corporation, Incorporated, or Limited*, or the abbreviation of one of the words, *Corp., Inc., or Ltd.*

For **domestic limited liability company**, the reserved name must contain the phrase: *Limited Liability Company* or the abbreviation *L.L.C., or LLC*. Limited may be abbreviated as *Ltd.*, and Company may be abbreviated as *Co.*

For **domestic limited partnership**, the reserved name must contain the phrase: *Limited Partnership* or the abbreviation *LP* or *L.P.*

For **domestic limited liability limited partnership**, the reserved name must contain the phrase: *Limited Liability Limited Partnership* or the abbreviation *LLLP* or *L.L.L.P.*

**Filing Fees:** *Filing fee (\$10.00) is not refundable.* Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733      Email Address: [breg@dcca.hawaii.gov](mailto:breg@dcca.hawaii.gov)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**

**ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)**