



Nonrefundable Filing Fee: \$10.00

State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
335 Merchant Street, Room 201
Mailing Address: P.O. Box 40, Honolulu, HI 96810
Phone: (808) 586-2727
Fax: (808) 586-2733
Email: breg@dcca.hawaii.gov
BusinessRegistrations.com

APPLICATION FOR RESERVATION OF NAME IN HAWAII

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

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

The undersigned, for the purpose of reserving a name under the laws of the State of Hawaii, do hereby execute this Application for Reservation of Name:

1.	The name to be reserved is (select one): <input type="checkbox"/> New OR <input type="checkbox"/> a Renewal (See Item 2. on the instruction page for more information.) <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <input type="checkbox"/> The reserved name includes a fictitious name for a foreign LLC, corporation, or limited partnership.
2.	The name is being reserved for a proposed or current (select one): <input type="checkbox"/> Domestic business entity (formation, organization, or name change). <input type="checkbox"/> Foreign business entity (formation, organization, or name change).
3.	The proposed or current entity type for which the name is being reserved is a (select one): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Profit Corporation</div><div><input type="checkbox"/> General Partnership</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Nonprofit Corporation</div><div><input type="checkbox"/> Limited Partnership</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Limited Liability Company</div><div><input type="checkbox"/> Limited Liability Limited Partnership</div></div>
4.	The applicant is (select one): <div style="display: flex;"><div style="flex: 1;"><input type="checkbox"/> An Entity <div style="border: 1px solid black; padding: 2px;">Entity Name</div><div style="border: 1px solid black; height: 25px; width: 100%;"></div></div><div style="flex: 1;"><input type="checkbox"/> An Individual <div style="border: 1px solid black; padding: 2px;">First Name</div><div style="border: 1px solid black; height: 25px; width: 100%;"></div><div style="border: 1px solid black; padding: 2px;">Last Name</div><div style="border: 1px solid black; height: 25px; width: 100%;"></div></div></div>

5.	The complete business address of the applicant is:		
	Country		
	<input type="text"/>		
	Address (Number and Street)		
	<input type="text"/>		
	Address Line 2 (optional)		
<input type="text"/>			
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify under the penalties of Hawaii Revised Statutes, that I am authorized to sign this application, and that the above statements are true and correct to the best of my knowledge and belief.

Signed this day of , .

<input type="text"/>	<input type="text"/>
Type/Print Name	Signature

See instructions on next page for information on preparing and filing this form.

(Departmental Use Only)

RESERVATION OF NAME

Date: _____

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

STATE OF HAWAII
DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS

By _____



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
335 Merchant Street, Room 201
Mailing Address: P.O. Box 40, Honolulu, HI 96810
Phone: (808) 586-2727
Email: breg@dcca.hawaii.gov
Fax: (808) 586-2733
Website: BusinessRegistrations.com

INSTRUCTIONS FOR PREPARING AND FILING AN APPLICATION FOR RESERVATION OF NAME IN HAWAII

Sections [414](#), [414D](#), [425](#), [425E](#), and [428](#), Hawaii Revised Statutes (HRS)

Application must be typewritten or printed in **black ink** and must be **legible**. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided. The application must be **signed and certified** by an authorized person. The signature must be in **black ink**. Submit application together with the appropriate fee(s).

Reservation of name will be issued when the Application for Reservation of Name in Hawaii is filed in compliance with the HRS for the associated entity for which the name is being reserved. For corporations: Section [414-52](#), HRS; for nonprofit corporations: Section [414D-62](#), HRS; for partnerships: Section [425-8](#) or [425E-109](#), HRS; and for limited liability companies: Section [428-106](#), HRS.

If the department finds that the name being applied for is available, the department shall reserve the name for 120 days.

- Item 1. Indicate whether the name to be reserved is a new registration or a renewal of an existing reservation. State the complete name to be reserved, including exact spacing, punctuation marks, etc.
- Indicate if the reserved name includes a fictitious name for a foreign LLC, corporation, or limited partnership, by checking the box under the name.
- For a **domestic profit corporation**, the reserved name must contain the word: "Corporation", "Incorporated", or "Limited", or the abbreviation of one of the words: "Corp.", "Inc.", or "Ltd.".
- For a **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 a **domestic limited partnership**, the reserved name must contain the phrase: "Limited Partnership" or the abbreviation "L.P." or "LP".
- For a **domestic limited liability limited partnership**, the reserved name must contain the phrase: "Limited Liability Limited Partnership" or the abbreviation "L.L.L.P." or "LLLP".
- Item 2. Indicate whether the name to be reserved is for a domestic, or foreign business entity. This applies to both new entities that are intended to be organized/formed, and to existing entities for a name change.
- Item 3. Indicate the current or proposed entity type for which the name is being reserved.
- Item 4. Indicate whether the applicant is an entity OR and individual. If the applicant is an entity, state the entity name. If the applicant is an individual, state the individual's first name and last name.
- Item 5. State the complete business address of the applicant.

Filing fees: The fee for filing an Application for Reservation of Name is **\$10.00** and is not refundable. Optional: the fee for one certified copy is \$10.00. Payments made by cash, check, or credit card are accepted. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee is \$25.00.

For any questions, call (808) 586-2727 or email breg@dcca.hawaii.gov.

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE BUSINESS REGISTRATION DIVISION SECRETARY AT (808) 586-2744 TO SUBMIT YOUR REQUEST.

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