



HAWAII DREAM
SERVICE CENTER
AND
HAWAII COMMUNITY
LAND TRUST
Business Application Form



To do business with Hawaii Dream Service Center and Hawaii Community Land Trust, please complete this application form.

Legal name of business: _____

Current Physical Address: Street _____
City _____ State _____ Zip _____

Mailing Address: This address will be used to mail all material to.

Attention _____
Street _____
City _____ State _____ Zip _____

Type of business. _____

Name of CEO _____

Address _____

City/State/Zip _____

Phone(day) _____ Fax # _____

Phone (cell) _____ Email _____

Federal ID License # _____ State ID License # _____

Official HCLT use only. Approved: Denied: Date: Signature:
--



HAWAII DREAM
SERVICE CENTER
AND
HAWAII COMMUNITY
LAND TRUST



Business Application Form

Page 2

Please attach the following documents: *Failure to attach this information can delay or cause your application to be denied.*

- _____ Copy of last two year's IRS taxes filed
- _____ Proof of Liability Insurance
- _____ Business Card
- _____ Letter describing why you are interested in doing business with HCLT/HDSC
- _____ Three references of people/businesses you have provided services for (*include name address and phone numbers*).
- _____ Copy of current Hawaii business license. Include mainland business licenses if in Hawaii less than 3 years.
- _____ Tax Identification letter (*federal and state*) proof. *If not received yet, show proof of application.*
- _____ Picture ID of all executive employees

NOTE: To the best of my knowledge, the answers to all of the questions herein are true and correct. I understand that any misstatements or omission of material facts on this application may be cause not to be considered for affiliation. I recognize that as a condition of doing business with HCLT/HDSC I am required to provide a copy of the documents listed above. I permit HCLT/HDSC to contact personal or references listed herein to gain information that will be used to determine my qualifications for affiliation. I release such parties from damages of any nature by reason of them supplying information to HCLT/HDSC. I understand and agree that if approved to conduct business with HCLT/HDSC I and all my staff members and volunteers will be required to abide by all company policies, standards, and regulations while on the HCLT/HDSC premises. I understand that this is an application for conducting business with HCLT/HDSC and no business contract is being offered at this time. By signing this agreement I agree that I and my business are applying to HCLT/HDSC to conduct business.

CEO/President

Date: _____

Business Representative

Date: _____