



# CONTRACTORS LICENSE CENTER, INC.

1130 N. Nimitz Hwy, Suite A-110

Honolulu, Hawaii 96817

Tel: (808) 833-3051 1-800-833-4408 mail@CLCexamprep.com

Aloha,

Enclosed are the necessary forms for your Company Contractors License and instructions to help with filling them out.

1. Application Worksheet: Fill out front and back page. If anything on back page is YES, see bold for what else needs to be done.
2. Financial Worksheet: This must be current information (within the year) and is not required to be audited information. Our CPA will use it to prepare the Board financial statement. Be sure to fill out both sides. You will need to include a current bank statement verifying the amount in the bank. This should reflect the company name listed on the application.
3. Credit Report Information: Go to [annualcreditreport.com](http://annualcreditreport.com) to obtain a free credit report for each officer of the company & the RME who is applying for the contractor's license. Use reports from Experian ONLY.
4. Application Fee: Please send a check for \$50.00 made out to Department of Commerce and Consumer Affairs (DCCA).
5. Company Papers: We need a filed stamped copy of your articles of Incorporation, LLC or Partnership. In addition, if the Company is more than one year old, we need a Certificate of Good Standing from business registration. This can be obtained at the following website: <https://portal.ehawaii.gov/business>.
6. Tax Clearance: (For companies over 1 year old.) For your convenience a tax clearance form is enclosed. **This would have to be taken to the State Tax Office for completion.** You can also complete and submit the form online [https://tax.hawaii.gov/geninfo/a2\\_b2\\_3tax\\_clearance/](https://tax.hawaii.gov/geninfo/a2_b2_3tax_clearance/)

Enclosed is your contract. We require payment with your paperwork. Please complete all forms and return them by the deadline. If you are unable to meet the deadline date, give us a call as soon as possible.

Mahalo,

Cindy Namahoe  
CEO, Director



## Application Worksheet for Contractors License

GENERAL INFORMATION

Name of Applicant	<div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Middle Name/Initial</span> <span>Last Name</span> </div>	Phone (DAY) _____
Company Name	_____	Phone (CELL) _____
Mailing Address	_____	Phone (BUS) _____
	(Street address or P.O. Box, City, State, Zip)	
Business Address	_____	SS# _____
	(Street address, City, State, Zip) *No P.O. Box Allowed	
HI Business Address	_____	
	(Street address or P.O. Box, City, State, Zip)	
Resident Address	_____	Fed ID# _____
	(Street address, City, State, Zip) *No P.O. Box Allowed	
Email Address:	_____	Classification(s) Requested _____

### CHECK BOX WITH DESIRED LICENSE AND FILL OUT ADDITIONAL INFORMATION REQUESTED BELOW

LICENSE SPECIFIC INFORMATION

☐ **RESPONSIBLE MANAGING EMPLOYEE (RME)**

Name of Contracting Entity you are applying to be the RME for: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

License No. \_\_\_\_\_ or \_\_\_\_\_

(Street address or P.O. Box, City, State, Zip)

Date applied for license \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ **SOLE PROPRIETOR**

\* No additional information required

☐ **ENTITY**

Indicate the type of application:    [    ]    Corporation    [    ] LLP

[    ]    Partnership

[    ]    LLC

Name of Responsible Managing Employee (RME) \_\_\_\_\_

License No. \_\_\_\_\_ or    Date applied for license \_\_\_\_\_

**PERSONNEL OF APPLICANT**

Name	Position	Resident Address (No P.O. Box)
_____	_____	_____
Name	Position	Resident Address (No P.O. Box)
_____	_____	_____

EDUCATION

Vocational school, college, university, special training	yrs.	mos.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE LICENSES

Name of State	License Number	Date Issued	CLASSIFICATION

Attach copy of each contractors license previously held in any state.

Print Applicant Name: \_\_\_\_\_  
(LAST, First, Middle)

Date: \_\_\_\_\_

I.	<b>EACH QUESTION MUST BE ANSWERED</b>
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1. Are you at least 18 years of age? ..... ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ YES ☐ NO
3. Have you previously applied for a Hawaii State contractor's license? ..... ☐ YES ☐ NO  
(If "Yes", state month and year: \_\_\_\_\_.)
4. Have you ever been affiliated with a contracting entity whose license has been terminated due to issuance of a court order authorizing payment from the Contractors Recovery Fund of this state or any other state? ..... ☐ YES ☐ NO  
(If "Yes", submit a detailed statement giving the date of the order and circumstances leading up to issuance of the court order.)
5. Have you or any construction organization in which you were an officer, partner, manager or member had a contractor's license or any professional or vocational license denied, fined, suspended or revoked by this state or any other state? ..... ☐ YES ☐ NO  
(If "Yes", attach a detailed statement signed by you.)  
(For the purpose of this question, "denied" does not mean that one has previously failed an examination.)
6. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract or work undertaken by you or any construction organization in which you were an officer, partner, manager or member? ..... ☐ YES ☐ NO  
(If "Yes", attach a detailed statement signed by you.)
7. Are there now any unpaid past due bills or claims for labor, materials, or services, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ..... ☐ YES ☐ NO  
(If "Yes", attach a detailed statement signed by you.)
8. Are there now any liens, suits, or judgments of record or pending, outstanding and unsatisfied, as a result of your operations or of any construction organization in which you were an officer, partner, manager or member? ..... ☐ YES ☐ NO  
(If "Yes", attach a detailed statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason; a resume of employment and business activities; and copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other relevant documents.)
9. Have you or any construction organization in which you were an officer, partner, manager or member ever been adjudicated as bankrupt or is presently in the process of bankruptcy proceedings? ..... ☐ YES ☐ NO  
(If "Yes", attach a detailed statement giving the number of bankruptcy proceedings, the location of the bankruptcy court, a schedule of creditors listed in the bankruptcy petition, the approximate date of the action and a statement of the final action upon the proceedings.)
10. Have you or any construction organization in which you were an officer, partner, manager or member ever made an assignment of assets, either voluntary or otherwise, in settlement of construction obligations for less than the total amount of the indebtedness? ..... ☐ YES ☐ NO  
(If "Yes", attach a detailed statement listing names and addresses of all creditors and losses they sustained.)
11. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐ YES ☐ NO  
(If "Yes", explain on a separate sheet the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, and training attended. Also, submit court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)

(CONTINUED ON PAGE 3)

# Corporate/Partnership/LLC Financial Worksheet

Please type or print neatly in ink.

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amounts shown in this report are as of \_\_\_\_\_  
(month) (day) (year)

License classification: \_\_\_\_\_  
(example: General Building, Electrical, etc.)

## CORPORATIONS / LLC

Date Incorporated: \_\_\_\_\_ (LLC – Date Registered: \_\_\_\_\_)  
Number of Shares Authorized: \_\_\_\_\_ Number of Shares Issued: \_\_\_\_\_  
Par Value per share (Please note if no stated par value): \_\_\_\_\_

**All assets and liabilities listed below must be the assets and liabilities of the corporation/partnership/LLC. No personal assets and liabilities should be included here.**

## SCHEDULE 1 – CASH

Indicate balance as of date shown above.

<u>Asset</u>	<u>Balance</u>	
Checking Accounts	\$ _____	Provide current bank statement
Savings Accounts	\$ _____	Balance sheet, Profit & Loss
Time CD's	\$ _____	

## SCHEDULE 2 – SECURITIES

Indicate balance as of date shown above. Provide current fair market value, indicating how value was determined.

<u>Asset</u>	<u>Value</u>
Stocks and Bonds	\$ _____
Other	\$ _____

Please explain if you used a source other than monthly statement to determine amount shown:

## SCHEDULE 3 – RECEIVABLES

Indicate balance of receivables as of date shown above. Do NOT include any amounts not yet earned. Also, do NOT include any amounts that are not expected to be collectible.

Accounts Receivable – already billed on completed work	\$ _____
Estimated Earned – not yet billed on work in progress	\$ _____
Other Accounts Receivable – Describe _____	\$ _____
Notes Receivable – Describe (include payment terms) _____	\$ _____

Please explain method used to determine estimated amount earned on unbilled work in progress:

CONTINUED ON BACK

## Corporate/Partnership/LLC Financial Worksheet

### SCHEDULE 4 – OTHER ASSETS

Cash value of life insurance is not the same thing as the death benefit – refer to your policy statement or insurance agent to determine cash value. Term Life has no cash value.

Inventory/Material on hand (lower of cost or market value) \$ \_\_\_\_\_  
 Cash Value of (Whole) Life Insurance Policies \$ \_\_\_\_\_  
 Balance of any Loans against Life Insurance Policies \$ \_\_\_\_\_  
 Other Assets – Describe \_\_\_\_\_ \$ \_\_\_\_\_

### SCHEDULE 5 – REAL ESTATE

Description	Cost	Market Value	Balance Owed	Interest Rate	Number of Remaining Monthly Pymts
_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	\$ _____	\$ _____	\$ _____	_____ %	_____
_____	\$ _____	\$ _____	\$ _____	_____ %	_____

Please explain method used to determine market value: \_\_\_\_\_  
 \_\_\_\_\_

### SCHEDULE 6 – OTHER FIXED ASSETS

Description	Net Book Value (depreciated cost)	Balance Owed	Interest Rate	Number of Remaining Monthly Pymts
Vehicle _____	\$ _____	\$ _____	_____ %	_____
Vehicle _____	\$ _____	\$ _____	_____ %	_____
Vehicle _____	\$ _____	\$ _____	_____ %	_____
Office Furniture _____	\$ _____	\$ _____	_____ %	_____
Equipment _____	\$ _____	\$ _____	_____ %	_____
Tools _____	\$ _____	\$ _____	_____ %	_____
Other: Describe _____	\$ _____	\$ _____	_____ %	_____

### SCHEDULE 7 – CURRENT LIABILITIES

Current liabilities are the amounts owed within one year and include amounts owed even if not yet billed.

Short Term Bank Loans due within one year \$ \_\_\_\_\_  
 Amount Due Within One Year on Long Term Bank Loans \$ \_\_\_\_\_  
 Payable to Subcontractors \$ \_\_\_\_\_  
 Payable to Suppliers \$ \_\_\_\_\_  
 Other Payables (Credit Cards, etc.) \$ \_\_\_\_\_  
 Accrued Payroll \$ \_\_\_\_\_  
 Income Taxes Payable – unpaid/due for prior year \$ \_\_\_\_\_  
 Income Taxes Payable – estimated on current year a/o date above \$ \_\_\_\_\_  
 Payroll Taxes, including amounts withheld and accrued \$ \_\_\_\_\_  
 Other Accrued Taxes, Interest, etc. (general excise tax, other) \$ \_\_\_\_\_  
 Other: Describe \_\_\_\_\_ \$ \_\_\_\_\_

### SCHEDULE 8 – LONG TERM LIABILITIES

Long term liabilities are the amounts owed beyond one year.

Amount Due After One Year on Long Term Bank Loans \$ \_\_\_\_\_  
 Notes Payable (not previously shown): Describe, including payment terms \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Billings in Excess of Cost \$ \_\_\_\_\_  
 Other: Describe \_\_\_\_\_ \$ \_\_\_\_\_

**I certify that the statements and values contained in this Corporate/Partnership/LLC Financial Worksheet are true and correct to the best of my knowledge.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_



STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.  
(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

**1. APPLICANT INFORMATION:** (PLEASE TYPE OR PRINT CLEARLY)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Postal/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

**2. TAX IDENTIFICATION NUMBER:**

HAWAII TAX I.D. # \_\_\_\_\_

FEDERAL EMPLOYER I.D. # (FEIN) \_\_\_\_\_

SOCIAL SECURITY # (SSN) \_\_\_\_\_

**3. APPLICANT IS A/AN:** (Check only ONE box)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> S CORPORATION                 | <input type="checkbox"/> TAX EXEMPT ORGANIZATION               |
| <input type="checkbox"/> INDIVIDUAL   | <input type="checkbox"/> PARTNERSHIP                   | <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY  | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP |  |
| <input type="checkbox"/> Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN _____ |  |  |
| <input type="checkbox"/> Subsidiary Corporation; enter parent corporation's name and FEIN _____             |  |  |

**4. THE TAX CLEARANCE IS REQUIRED FOR:** (MUST check at least ONE box)

- |   |   |
|---|---|
| <input type="checkbox"/> CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * | <input type="checkbox"/> LIQUOR LICENSE         |
| <input type="checkbox"/> REAL ESTATE LICENSE                                    | <input type="checkbox"/> CONTRACTOR LICENSE     |
| <input type="checkbox"/> PROGRESS PAYMENT                                       | <input type="checkbox"/> FINANCIAL CLOSING      |
| <input type="checkbox"/> FEDERAL CONTRACT                                       | <input type="checkbox"/> PERSONAL               |
| <input type="checkbox"/> SUBCONTRACT  | <input type="checkbox"/> HAWAII STATE RESIDENCY |
| <input type="checkbox"/> OTHER _____  | <input type="checkbox"/> LOAN                   |

\* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.

**5. DECLARATION** - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.

_____ SIGNATURE	_____ DATE	( ) TELEPHONE	( ) FAX
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_____ PRINT NAME	_____ PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor
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**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL. SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

**FOR OFFICE USE ONLY**

BUSINESS START DATE IN HAWAII  
IF APPLICABLE  
/ /

HAWAII RETURNS FILED  
IF APPLICABLE  
20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_  
\_\_\_\_

STATE APPROVAL STAMP  
(State Approval QR Code)

You may scan the QR code to authenticate this tax clearance

IRS APPROVAL STAMP  
(City, County, or State Government Contract)

APPLICANT'S NAME FROM PAGE 1 \_\_\_\_\_

6. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** ☐ Bid/Entering Into or Ongoing Contract ☐ Completion/Final Payment  
For completion/final payment of contract, provide the name, agency, and telephone number of the contact person at the State or County Agency.  
Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
7. **LIQUOR LICENSING:** ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
8. **CONTRACTOR LICENSING:** ☐ Initial ☐ Renewal
9. **STATE RESIDENCY:** DATE APPLICANT ARRIVED OR RETURNED TO HAWAII \_\_\_\_\_
10. **ACCOUNTING PERIOD:** ☐ Calendar year ☐ Fiscal year ending (MM/DD) \_\_\_\_\_
11. **TAX EXEMPT ORGANIZATION:**  
A) Provide the Internal Revenue Code section that applies to your exemption (e.g., 501(c)(3)): \_\_\_\_\_  
B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? ☐ YES ☐ NO  
C) Is your organization required to file federal Form 990, Return of Organization Exempt From Income Tax, or federal Form 990-EZ, Short Form Return of Organization Exempt From Income Tax? ☐ YES ☐ NO  
If "YES," your organization is required to obtain a general excise tax license. Go to line 13.  
If "NO," go to line 11D.  
D) Does your organization have fundraising income? ☐ YES ☐ NO  
If "YES," your organization is required to obtain a general excise tax license.
12. **INDIVIDUAL:** Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_
13. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE:**  
A) Description of your firm's business \_\_\_\_\_  
B) Has your firm had any business income in Hawaii? ☐ YES ☐ NO  
C) Has your firm had an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO  
D) Has your firm provided any services within the State of Hawaii (e.g., servicing computers, training sessions, etc.)? ☐ YES ☐ NO  
E) In the current or preceding calendar year has your firm had gross income of \$100,000 or more, or entered into 200 or more separate transactions attributable to Hawaii in any of the following, or combination of the following, activities? a) Tangible property delivered in Hawaii; b) Services used or consumed in Hawaii; or c) Intangible property used in Hawaii. ☐ YES ☐ NO  
**Note:** If you answer "Yes" to any of the above questions, you are required to apply for a general excise tax license.

### FILING THE APPLICATION FOR TAX CLEARANCE

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Form A-6 may be used to get both a state tax clearance and a federal tax clearance. If you need to get a tax clearance from both agencies, you should submit a separate Form A-6 to each agency.

State Department of Taxation  
Taxpayer Services Branch  
P.O. Box 259  
Honolulu, HI 96809-0259

Telephone No.: 808-587-4242  
Toll Free: 1-800-222-3229  
Fax No.: 808-587-1488  
or  
830 Punchbowl Street RM 124  
Honolulu, HI 96813-5094

Internal Revenue Service  
W&I Field Assistance  
300 Ala Moana Blvd., #1-128  
Honolulu, HI 96850

(By appointment only. To make an appointment, please call 844-545-5640.)

Automated phone messaging: 808-566-2748  
Fax No.: 855-877-0789

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation on Oahu at 808-587-4242 or toll-free at 1-800-222-3229. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website at [tax.hawaii.gov](http://tax.hawaii.gov).