



## CONTRACTOR'S LICENSE CENTER, INC.

2810 Paa Street, Suite 3

Honolulu, Hawaii 96819

Tel: (808) 833-3051 1-800-833-4408 Fax: (808) 839-9683 mail@CLCexamprep.com

Aloha,

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

1. **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.
2. **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 Equifax or Experian ONLY.
3. **Application Fee:** Please send 2 (two) checks for \$50.00 each made out to Dept. of Commerce and Consumer Affairs (DCCA). One is for the RME application, the other for the company application.
4. **Experience Worksheet:** Include employment dates, supervisory dates, average project size, average gross dollar amount, # supervised. Include Company name, address, and license # (if applicable). This info is for companies that gave you a W-2 at the end of the year.
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 your convenience a tax clearance form is enclosed. **You must fill it out & take it to the State Tax Office for completion.** (For companies over 1 year old.)

Enclosed is your contract. We require ½ of the total cost up front with your paperwork. Please complete all forms and return them by the deadline. If you are unable to meet the deadline dates, give us a call as soon as possible.

Mahalo,

Cindy Namahoe  
Manager, Director

# 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 ONLY

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

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

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

## SCHEDULE 6 – OTHER FIXED ASSETS

<u>Description</u>	<u>Net Book Value (depreciated cost)</u>	<u>Balance Owed</u>	<u>Interest Rate</u>	<u>Number of Remaining Monthly Pymts</u>
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 \_\_\_\_\_



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).



# Application Worksheet for Contractors License

GENERAL INFORMATION

Name of Applicant \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Phone (DAY) \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (CELL) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 (Street address or P.O. Box, City, State, Zip) Phone (BUS) \_\_\_\_\_

Business Address \_\_\_\_\_  
 (Street address or P.O. Box, City, State, Zip) \*No P.O. Box Allowed SS# \_\_\_\_\_

HI Business Address \_\_\_\_\_  
 (Street address or P.O. Box, City, State, Zip)

Resident Address \_\_\_\_\_  
 (Street address, City, State, Zip) \*No P.O. Box Allowed Fed ID# \_\_\_\_\_

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 \_\_\_\_\_  
 Date applied for license \_\_\_\_\_ Phone: \_\_\_\_\_ (Street address or P.O. Box, City, State, Zip)  
 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)
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_

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

(LAST, First, Middle)

I. EACH QUESTION MUST BE ANSWERED

- 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
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
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
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
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
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
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
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
11. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ... YES NO

(CONTINUED ON PAGE 3)