

COPY
 STATE OF HAWAII
 BASIC BUSINESS APPLICATION

This Space For Office Use Only

TYPE OR PRINT LEGIBLY

Identification number

W 50362028-01

UI Registration Number

1. Type of application (Check the appropriate box(es) that best describes your purpose in filing this application)

General Excise Use Tax Only Seller's Collection Liquor

Transient Accommodations Employer's Withholding GE One-Time Event

Rental Motor Vehicle & Tour Vehicle Liquid Fuel Distributor Cigarette and Tobacco (Non-Retail)

Unemployment Insurance Liquid Fuel Retail Dealer Retail Tobacco Permit

2. Taxpayer's/Employer's Name (Individuals, enter Last, First, Middle Initial) 3. Doing business as (DBA) name

BIZGYM FOUNDATION

4. FEIN 5. Type of ownership

90-0813920 Sole Proprietorship Corporation S Corporation Other (Explain) NONPROFIT

Federal Agency General Partnership LLC

6. Date Business Began in Hawaii (MM/DD/YYYY) 7. Date of Organization (MM/DD/YYYY) 8. State of Organization

04/30/2012 04/30/2012 HAWAII

9. Accounting period, check only one 10. Accounting method, check only one 11. NAICS (See Instructions) and business activity

Calendar Year Cash Accrual 611710

Fiscal Year ending (MM/DD) /

12. Mailing address C/O Street address or P.O. Box City State Postal/Zip Code + 4

P.O. BOX 3804 HONOLULU HI 96812-3804

13. Physical location of business in Hawaii Street address City State Postal/Zip Code + 4

1012 18TH AVENUE HONOLULU HI 96816

14. If no physical business location in Hawaii, provide the name, address, and telephone number of the individual performing services in Hawaii

15. Phone Number Business Residential Fax E-mail address

(808) 220-6449 (808) 220-6449 () steve@bizgym.com

16. For GE One-Time Event applicants ONLY: Name of the Event (See Instructions)

17. Does all or part of this business qualify for a disability exemption? (See Instructions) Yes No

18. Name of Parent Corporation 19. Parent Corp's FEIN 20. Parent Corporation's Mailing Address

21. List all sole proprietors, partners, members, or corporate officers (See Instructions) ATTACH A SEPARATE SHEET OF PAPER IF MORE SPACE IS REQUIRED.

SSN	Name (Last, First, Middle Initial)	Title	Residential Address	Contact Phone No.
	SEE ATTACH SHEET			()

22. (a) Did you acquire an existing business? Yes No

(b) If yes, was all or part of the business acquired?

(c) When was it acquired? _____ (MM/DD/YYYY)

(d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. (If you answered "No" to (a) enter N/A)

23. No. of establishments or branches in Hawaii 24. Date employment began in Hawaii

1 / /

25. No. of employees on date employment began 26. Date first wages paid in Hawaii

0 / /

27. If no employees, when do you anticipate hiring employees? / /

28. How many Retail Tobacco Permits are you applying for? _____ Attach a list of (1) the name and address of each retail location you are obtaining a permit for, and (2) for those retail locations that are vehicles, include the Vehicle Identification Number (VIN) of each vehicle. Have you ever been cited for either a tobacco and/or liquor violation? Yes No

29. Attach a list, by island, of the address(es) of your rental real property, noting TA, if transient accommodations, and/or the address(es) of your rental motor vehicle or tour vehicle (RVST) and your Liquid Fuel Retail Dealer's Permit (Fuel) business locations, noting the location as either RVST, or Fuel.

30. (a) How many TA units are you registering for? 33. Enter the amount from line i. of the registration fee worksheet on the back of the form here and on the Total Payment line for Form VP-1, Tax Payment Voucher. Attach Form VP-1 to this form. \$ 20.00

1-5 units 6 or more units

(b) Date TA activity began in Hawaii 34. Enter the amount from line o. of the _____ on the _____ back of the form here and on the Total Payment line for Form VP-2, Miscellaneous Fee Payment Voucher. Attach Form VP-2 to this form. \$ 0.00

/ /

31. Date RVST activity began in Hawaii 35. TOTAL REGISTRATION FEE DUE Add lines 33 and 34. Attach a check or money order made payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U. S. Bank \$ 20.00

/ /

32. Filing period, Check 1 box for each tax type applicable

Tax Type	Mo	Qtr	Semi
a) GE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) GE One-Time Event	<input type="checkbox"/>		
c) TA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) RVST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) WH	<input type="checkbox"/>	<input type="checkbox"/>	

CERTIFICATION: The above statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned who is duly authorized to sign this application.

Mail the completed application to:
 HAWAII DEPARTMENT OF TAXATION
 P.O. Box 1425
 Honolulu, HI 96806-1425

Signature of Owner, Partner or Member, Officer, or Agent
 DENNIS BUNDA
 Print Name

TREASURER
 Title

07/11/12
 06/28/12
 Date

ATTACH CHECK OR MONEY ORDER AND FORMS VP-1 AND VP-2 HERE

RECEIPT FOR PAYMENT OF TAXES

Department of Taxation State of Hawaii

Received Date: 07/11/2012

Individual Name:

Business Name: BIZGYM FOUNDATION

07-11-2012 CASH4 157 120711121114532 CH 20.00 GEL 01 NML

Total Due: 20.00

Cash: .00

Check: 20.00

Credit: .00

Change Due: .00

YOUR NAME AND ADDRESS HAS BEEN OMITTED FROM THIS RECEIPT AS THE SERIAL NUMBER, TAX CLASSIFICATION, DATE, AND AMOUNT VALIDATED ON THE FRONT HEREOF HAS ALSO BEEN VALIDATED ON YOUR TAX RETURN OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORDS OF THE DEPARTMENT OF TAXATION FROM WHICH THIS RECEIPT MAY BE IDENTIFIED.

RECEIPT FOR PAYMENT OF TAXES
(WHEN PROPERLY VALIDATED)
DEPARTMENT OF TAXATION

