

W SAMPLE #

FORM BB-1
(Rev. 9/2023)

STATE OF HAWAII
BASIC BUSINESS APPLICATION
(or Amended Application)

This Space For Office Use Only



For faster service apply online at hitax.hawaii.gov
Online applications are processed approximately within 5 business days.

BB1 | 2023B 01 VID01

TYPE OR PRINT LEGIBLY

1. Purpose of Application — Check only one. For 1b, 1c and 1d, Complete lines 1 through 5 and ONLY the information you are adding, deleting or changing.
a. New b. Add c. Delete d. Change (Use Form GEWTARV-1 to CANCEL any tax licenses, registrations or permits)

2. FEIN TIN SSN 3. Hawaii Tax I.D. No.
APPLIED FOR (LEAVE BLANK)

4. Taxpayer's/Employer's/Plan Manager's Legal Name 5. Trade name or doing business as (DBA) name, if any
MR. SATOSHI TANAKA you can leave blank

6. Mailing Care of: 7. Physical location street address of business in Hawaii (if different from mailing)
JAPAN ADDRESS Mailing Street address or P.O. Box Physical location City State Postal/Zip Code
Mailing City State Postal/Zip Code If none, provide name, phone number and address of the person performing services in HI.
LEAVE DOING BUSINESS AS INDIVIDUAL

8. Type of legal organization
 Sole Proprietorship Corporation S Corporation General Partnership Limited Partnership Nonprofit
 Single-Member LLC LLC Government Other (Please specify)
(if company) JPN company

9. Does all or part of this business qualify for a disability exemption? (See Instructions) 10. Date Business Began in Hawaii 11. Date of Organization 12. State of Organization
Yes No 11/8/23 (mm dd yyyy) LEAVE BLANK (mm dd yyyy) JPN.

13. Accounting period (check only one) 14. Accounting method (check only one) 15. NAICS and business activity (See Instructions)
 Calendar Year Fiscal Year ending (mm dd) Cash Accrual
Effective (mm dd yyyy) Effective (mm dd yyyy)

16. Business Phone Alternate Phone Fax Number E-mail address
JPN PH# (EMAIL ADDRESS)

17. Parent Corporation's FEIN 18. Name of Parent Corporation 19. Parent Corporation's Mailing Address
(BLANK) BLANK.

20. List all sole proprietors, partners, members, or corporate officers (See Instructions) Attach a separate sheet of paper if more space is required.
FEIN/TIN/SSN Name (Individuals - Last, First, M.I.) Title Residential Address Contact Phone No.
FEIN TIN SSN BLANK
FEIN TIN SSN

21. TOTAL REGISTRATION FEE DUE. Add the amounts from lines 22b through 22j.
Attach a check or money order made payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. Bank

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)
Signature of Owner, Partner or Member, Officer, or Agent
Print Name Title Date

• ATTACH CHECK OR MONEY ORDER HERE •

Date Activity Began in Hawaii



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22. **Select Tax Type(s):** **-OR-** **Filing Period** **Fee** **Fee Due**
Effective Date If Changing Filing Period* **Mo. Qtr. Semi**
 (mm dd yyyy)

| | | | | |
|-------------|--|---|---|-------|
| 22a. | Withholding | (See also http://labor.hawaii.gov/ui/) | no fee | |
| 22b. | General Excise/Use — Select ONLY one type of GE/Use license: | | | |
| | GET/Use Tax ²⁴ | X | \$20.00 | 20.00 |
| | GE One-Time Event | | \$20.00 | |
| | Please enter the name of the One-time Event (See Instructions) | | | |
| | Use Tax Only | | no fee | |
| | Seller's collection | | no fee | |
| 22c. | Transient Accommodations ²⁴ | | 1-5 units - \$5.00 6 or more units - \$15.00 | |
| 22d. | Timeshare Occupancy ²⁵ | Number of Timeshare Plans represented | X \$15.00 | |
| 22e. | Transient Accommodations Broker, Travel Agency, and Tour Packager | | \$15.00 | |
| 22f. | Rental Motor Vehicle, Tour Vehicle, and Car-Sharing Vehicle ²⁴ | | \$20.00 | |
| 22g. | Liquid Fuel Distributor | | no fee | |
| | Produce Refine Manufacture Compound | | | |
| 22h. | Liquid Fuel Retail Dealer ²⁴ | | \$5.00 | |
| 22i. | Liquor | Attach a copy of your county liquor license | | |
| | Dealer (See Instructions) | | \$2.50 | |
| | All others | | no fee | |
| 22j. | Cigarette & Tobacco ²³ | (See also http://ag.hawaii.gov/cjd/tobacco-enforcement-unit/) | | |
| | License: Dealer Wholesaler | | \$250.00 | |
| | Retail Tobacco Permit ²⁴ | Number of retail locations | X \$50.00 | |

23. Have you ever been cited for a cigarette/tobacco violation? Yes No If you answered "Yes," attach a sheet specifying violation(s), date of occurrence(s), current status or final disposition, and explain any mitigating circumstances.

24. Check the appropriate tax type and list the address(es) of your general excise (GE); transient accommodations (TA) rental real property; rental motor vehicle, tour vehicle, and/or car-sharing vehicle (RV); Liquid Fuel Retail Dealer's Permit (Fuel); and/or Retail Tobacco Permit (RTP) business locations. For Retail Tobacco locations, (1) check the appropriate box(es) if you are selling electronic smoking devices (ESD) and/or e-liquid (ELQ) and (2) if location is a vehicle, include the Vehicle Identification Number (VIN), otherwise include the name of the retail location. *Attach a list if more space is needed.*

| GE | TA | RV | Fuel | RTP | Address | Name or VIN |
|-----|----|----|------|-----|---------|-------------|
| ESD | | | | ELQ | | |
| ESD | | | | ELQ | | |

25. Resort Time Share Vacation Plan Information. List each resort time share vacation plan represented by you. *Attach a list if more space is needed.*

| New | Add | Cancel | DCCA Plan No. | Plan Name | Plan Address |
|-----|-----|--------|---------------|-----------|--------------|
|-----|-----|--------|---------------|-----------|--------------|

* NOTE: The requested change will take effect after the current filing period is over. The filing frequency cannot be changed retroactively. **Form BB-1 (REV. 9/2023)**