Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8510 www.dpor.virginia.gov



Common Interest Community Board ALTERNATIVE PURCHASE REGISTRATION APPLICATION Fee \$100

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

1.	Name of Developer				
2.	Developer's Mailing Address				
3.	Developer's Principal Street Address	City Check here if St	treet Address is the <u>same</u> as the Mailing	State g Address listed above.	Zip Code
4.	Email Address	City		State	Zip Code
5.	Contact Numbers				
0.	Primary Tel	lephone	Alternate Telephone	— — F	-ax
6.	Select one of the following and provide	the information be	elow about the Developer.		
	Business Federal Employer Identification	ation Number (FEIN))* -		
	 State law requires every applicant, who is not security number or a control number issued by Developer's Social Security Number Virginia Department of Motor Vehicle * State law requires every applicant for a license by the Commonwealth to provide a social security 	y the Virginia Department or es Control Number* e, certificate, registration o	vide a federal employer identification nut of Motor Vehicles. Social Security or Virgor other authorization to engage in a bus	ginia DMV Number (123-	must provide a social
7.	Developer's Type of Organization (sele	,			
		al Partnership	Association	Other, please	specify:
	Corporation ◆ Limited State Corporation Commission Nu If the firm/business is a corporation, lir Virginia State Corporation Commission. Virginia or otherwise authorized to trar Corporation Commission. For additional	mited liability compa Firms/businesses shal nsact business in Virg	any, or limited partnership, the fin Il be organized as business entities ginia. Firms must register any tr	under the laws of the ade or fictitious name	Commonwealth of es with the State
8.	Jurisdiction where business was formed		Date formed		
	DATE FEE TRANS COD	DE ENTITY#	FILE #/LICENS	SE#	ISSUE DATE
OFFICE JSE	\$100 1020)	0524		

9.	Location of each of the developer's sales offices in Virginia:					
	Street Address	City, State & Zip Code	Manager's Name			
10.	Is there an attorney representing the developer on this alternative purchase? No					
	Yes If yes, provide the following information:					
	Name of Attorney					
	Firm Name					
	Mailing Address					
	City, State, Zip Code					
	Phone & Fax					
	Email Address					
11.	To whom should the Board mail corresproject? Developer Attorney	pondence, notices and other docui	ments related to the alternative purchase			
12.	List registered time-share project(s) when	rein the developer will offer alternativ	ve purchases.			
	Project Name		Registration Number			
13.	Did the developer reserve the right to add or delete alternative purchases in the time-share instrument pursuant to §55.1-2208 of the Code of Virginia? Yes No Before offering alternative purchases, the developer shall have reserved the right to add or delete alternative purchases in the time-share instrument. Provide a clean and highlighted/redline copy of the time-share instrument reserving the right to add or delete alternative purchases.					
14.	Did the developer reserve the right to add or delete alternative purchases in the Public Offering Statement pursuant to \$55.1-2217 of the Code of Virginia? Yes					
	No Before offering alternative purchases, the developer shall have reserved the right to add or delete alternative purchases in the Public Offering Statement. Provide a clean and highlighted/redline copy of the Public Offering Statements reserving the right to add or delete alternative purchases.					
15.	List all states or jurisdictions in which alternative purchase.	an application for registration or	similar document has been filed for this			

16.	Has any court or regulatory authority in the jurisdictions listed in question #15 entered any adverse order, judgmer decree in connection with the alternative purchase?			
	No 🗆	'		
		If yes, list the jurisdiction(s) and provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.		
17.	felony or mi disclose viola	eloper or any of the organization's officers or principals ever been convicted in any jurisdiction of any sdemeanor? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not tions that were adjudicated as a minor in the juvenile court system.		
	_	If yes, list the felony and/or misdemeanor conviction(s). Attach your <u>original criminal history record</u> and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.		
	other than V	<u>inal history record</u> may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, irginia; must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. lents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.		
Comm arising member service	on Interest Com under §§ 55.1- ers of the applications of the appl	tion, I, the developer or authorized agent for the developer, hereby execute and file with the Secretary of the Virginia immunity Board full and irrevocable authority to receive service of any lawful process in any non-criminal proceeding 2200 through 55.1-2252 of the <i>Code of Virginia</i> in the name of the applicant, either individually or co-partners or ant, in any of the courts of record of the Commonwealth of Virginia, and it is hereby stipulated and agreed that such said Secretary shall be taken and held in all courts to be valid and binding as if due service has been made upon the and members personally within the Commonwealth of Virginia.		
18.	are true, and certify that I vaction or conread, understo	gned developer or authorized agent for the developer, certify that the foregoing statements and answers I have not suppressed any information that might affect the Board's decision to accept this application. I will notify the Department if I or any member of company management are subject to any disciplinary victed of a misdemeanor or felony (in any jurisdiction) prior to becoming registered. I certify that I have good and complied with all the laws of Virginia under the provisions of Title 55.1, Chapter 22, of the Code of the Time-Share Regulations.		
	Printed Name	•		
	Title			
	Signature	Date		
		ADDITIONAL DOCUMENTATION		
		(Label each exhibit as indicated.)		

(Label each exhibit as indicated.)

All exhibits may be submitted in paper or electronic format.

Electronic documents may be submitted on a CD, flash drive, or attached to an email sent to: cic@dpor.virginia.gov

A general description of the types of alternative purchases offered Exhibit A

A copy of the terms and conditions applicable to the alternative purchases Exhibit B