



**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 _____

 City _____ State _____ Zip Code _____
3. Developer's Principal Street Address Check here if Street Address is the same as the Mailing Address listed above.

 City _____ State _____ Zip Code _____
4. Email Address _____
5. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____
6. Select **one** of the following and provide the information below about the Developer.
 - Business Federal Employer Identification Number (FEIN) [❖] -
 Federal Employer Identification Number (12-3456789)
 - [❖] State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*
 - Developer's Social Security Number **or** - -
 Social Security or Virginia DMV Number (123-45-6789)
 - Virginia Department of Motor Vehicles Control Number ^{*}
 - ^{*} State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
- 7.A. Developer's Type of Organization (select only **one**)
 - Sole Proprietorship General Partnership Solely Owned LLC [♦] Other, please specify: _____
 - Corporation [♦] Limited Partnership [♦] Limited Liability Company [♦]
 - Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)
- 7.B. Developer's State Corporation Commission Number: _____ (If applicable)
 - [♦] If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.
8. Jurisdiction where business was formed _____ Date formed _____

OFFICE USE ONLY	DATE	FEE \$100	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 0524	ISSUE DATE
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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 correspondence, notices and other documents related to the alternative purchase project?

Developer

Attorney

12. List registered time-share project(s) wherein the developer will offer alternative purchases.

Project Name	Registration Number

13. Did the developer reserve the right to add or delete alternative purchases in the Instruments pursuant to §55-367 of the Virginia Real Estate Time-Share Act?

Yes

No Before offering alternative purchases, the developer shall have reserved the right to add or delete alternative purchases in the Instruments. Provide a clean and highlighted/redline copy of the Instruments 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 §55-374 of the Virginia Real Estate Time-Share Act?

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 an application for registration or similar document has been filed for this alternative purchase.

16. Has any court or regulatory authority in the jurisdictions listed in question #15 entered any adverse order, judgment or decree in connection with the alternative purchase?
- No
- Yes 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. Has the developer or any of the organization's officers or principals ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes If yes, list the felony and/or misdemeanor conviction(s). Attach your *original criminal history record** 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.

* *Original criminal history record* may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.

By signing this application, I, the developer or authorized agent for the developer, hereby execute and file with the Secretary of the Virginia Common Interest Community Board full and irrevocable authority to receive service of any lawful process in any non-criminal proceeding arising under Sections §55-360 through §55-400 of the *Code of Virginia* in the name of the applicant, either individually or co-partners or members of the applicant, in any of the courts of record of the Commonwealth of Virginia, and it is hereby stipulated and agreed that such service of process on said Secretary shall be taken and held in all courts to be valid and binding as if due service has been made upon the applicant, its partners and members personally within the Commonwealth of Virginia.

18. I, the undersigned developer or authorized agent for the developer, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I or any member of company management are subject to any disciplinary action or convicted of a misdemeanor or felony (in any jurisdiction) prior to becoming registered. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 55, Chapter 21, of the *Code of Virginia* and the *Virginia Common Interest Community Time-Share Regulations*.

Printed Name _____

Title _____

Signature _____ Date _____

**ADDITIONAL DOCUMENTATION
(Label each exhibit as indicated.)**

All exhibits must be submitted in paper and electronic format.

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

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

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