

CITY AND COUNTY OF HONOLULU
 DEPARTMENT OF BUDGET AND FISCAL SERVICES
 DIVISION OF TREASURY
 530 SOUTH KING STREET, ROOM 115
 HONOLULU, HAWAII 96813
TAX CLEARANCE APPLICATION

APPLICATION FOR CLEARANCE OF REAL PROPERTY TAXES (PRINT OR TYPE CLEARLY).

1. APPLICANT INFORMATION

Applicant _____
 Last, First, MI or Name of Business

Address _____
 Street City/State Zip Code

2. TAX IDENTIFICATION NUMBER(S) SSN # / Federal Employer ID # _____
 Tax Map Key (TMK) # _____

3. APPLICANT IS Individual Corporation Partnership
 Limited Liability Company Other (Explain) _____

4. TAX CLEARANCE IS FOR: Leasing/Renting State Property Taxi Driver Contract
 Other (Explain) _____

5. SIGNATURE
 I certify that the applicant has no outstanding delinquent balance(s) due to the City & County of Honolulu.

PRINT NAME _____ PRINT SPECIFIC TITLE _____

SIGNATURE _____ DATE _____ TELEPHONE _____ E-MAIL ADDRESS _____

FOR OFFICE USE ONLY

DATE _____ For Director of Budget & Fiscal Services _____ Certificate No. _____
 City & County of Honolulu

Taxes	Agency	Location	Comments	Approved	Date
Real Property Taxes	Treasury	530 South King St			
TMK# _____		Room 115			