

Montana Board of Realty Regulation
301 South Park Avenue 4th Floor
PO Box 200513
Helena, MT 59620-0513
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REQUIREMENTS FOR REGISTRATION OF TIMESHARE DEVELOPMENT

1. File a completed application with the Montana Board of Realty Regulation.
2. Complete the enclosed **check list**. Please indicate page number of where each document can be located.
3. **FEES:**
\$500.00 ORIGINAL APPLICATION FOR REGISTRATION
\$200.00 FOR AN AMENDMENT OF REGISTRATION OF THE SALE OF A TIMESHARE

TIMESHARE OFFERING CHECKLIST

- _____ COMPLETED APPLICATION
 - _____ APPLICATION SIGNED
 - _____ REGISTRATION FEES
- _____ AUDITED FINANCIAL STATEMENT
 - _____ BALANCE SHEET
 - _____ STATEMENT OF INCOME, SHAREHOLDERS EQUITY & MATERIAL CHANGES IN FINANCIAL POSITION
- _____ PROJECTED TIMESHARE PROJECT BUDGET
- _____ BACKGROUND DESCRIPTION OF DEVELOPER FOR PREVIOUS 10 YEARS
- _____ DISCLOSURE OF FEES IN ADDITION TO STATED PRICE PER UNIT, INCLUDE PURPOSE & CALCULATION METHOD
- _____ DISCLOSURE OF DEVELOPER & AFFILIATE PREVIOUS TIMESHARE UNIT TITLE
- _____ STATEMENT OF LIENS, DEFECTS OR ENCUMBRANCES ON OR AFFECTION TIMESHARE UNIT TITLE
- _____ COPIES OF ALL TIMESHARE INSTRUMENTS
- _____ IRREVOCABLE CONSENT TO SERVICES OF PROCESS SIGNED BY APPLICANT
- _____ COPY OF DISCLOSURE DOCUMENTS

- _____ OFFICIAL NAME & ADDRESS OF DEVELOPER, ITS
PARENT OR AFFILIATES
- _____ NAMES & ADDRESSES OF THE DIRECTOR & OFFICERS
- _____ LOCATION OF THE TIMESHARE PROPERTY
- _____ GENERAL DESCRIPTION OF THE TIMESHARE PROPERTY
AND UNITS
- _____ LIST OF ALL UNITS OFFERED BY THE PROMOTER IN
THE SAME PROJECT
 - _____ TYPES & CURRENT PRICES AND # OF UNITS
 - _____ TYPES & DURATION OF THE TIMESHARES
 - _____ MAX. NUMBER OF UNITS THAT MAY BECOME
PART OF THE TIMESHARE PROPERTY
- _____ DESCRIPTION OF TYPES OF FINANCING OFFERED BY
PROMOTER
- _____ STATEMENT OF OWNERSHIP OF ALL PROPERTIES, INCLUDING
OFFERINGS, INCLUDING LIENS OR ENCUMBRANCES AFFECTING
PROPERTY
- _____ COPIES OF ALL AGREEMENTS OR LEASES TO BE SIGNED BY
PURCHASERS AT CLOSING & TIMESHARE INSTRUMENT
- _____ IDENTITY OF MANAGING ENTITY, INCLUDING NAME, ADDRESS
& PHONE NUMBER OF PIC, AND HOW THIS IS CHANGED
- _____ TRUE COPY OF THE CURRENT OR PROJECTED OWNER ASSOC.
BUDGET, INCLUDING NATURE & PURPOSE OF ALL CHARGES,
DUES, MAINTENANCE FEES, & OTHER EXPENSES, INCLUDING
FORMULA FOR PAYMENT OF CHARGES IF UNITS REMAIN
UNSOLD
- _____ BOLDFACE TYPE DISCLOSURE OF 3 DAY CANCELATION
AGREEMENT
- _____ ANY RESTRICTION OF TRANSFER OF OWNERSHIP
- _____ DESCRIPTION OF INSURANCE COVERAGE PROVIDED
- _____ FULL DISCLOSURE OF EXCHANGE PROGRAM-PERMITTED OR
REQUIRED

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**TIMESHARE OFFERING
APPLICATION FOR REGISTRATION OR AMENDMENT**

Please type or print clearly.

Indicate the purpose for which this application is being submitted. Only one purpose per form.

- _____ applying for original registration of offering
- _____ applying for amendment to registration of offering for additional intervals
- _____ applying for amendment to registration for material adverse change

DEVELOPMENT NAME _____

NAME OF CONTACT _____

STREET ADDRESS _____
(CITY, STATE, ZIP CODE)

MAILING ADDRESS _____
(CITY, STATE, ZIP CODE)

PHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____ WEBSITE _____

NUMBER OF ORIGINAL INTERVALS BEING REGISTERED _____

REGISTRATION AMENDMENT

ADDITIONAL INTERVAL AMENDMENT:
NUMBER CURRENTLY REGISTERED _____
NUMBER ADDING AT THIS TIME _____

MATERIAL ADVERSE CHANGE:

ATTACH A NARRATIVE EXPLANATION AND THE AMENDMENT TO THE DOCUMENTS FILED WITH THE ORIGINAL REGISTRATION.

CONSENT TO SERVICE OF PROCESS

The undersigned applicant for (timeshare broker or salesperson license/certificate of completion or registration of timeshare offering) in the state of Montana, hereby irrevocably consents that legal action may commence against the undersigned in any county of the state of Montana in which the plaintiff having a claim for relief may reside and that service of process and pleading may be made by delivering two duplicate copies of such process and pleadings to the director, Department of Labor, State of Montana, and shall be taken and held in all courts to be valid and binding as if made upon the undersigned.

Done and dated this _____ day of _____

Signature of authorized Applicant _____

Subscribed and sworn to me this _____ day of _____

City/State

Notary Public

SEAL

For the State of Montana

My commission expires _____

I CERTIFY THAT THIS APPLICATION AND THE REQUIRED SUPPLEMENTAL DOCUMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

AUTHORIZED SIGNATURE _____ DATE _____

Revised 8/08