**LIQUOR COMMISSION**
**CITY AND COUNTY OF HONOLULU**
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • EMAIL liq-licensing@honolulu.gov
INTERNET ADDRESS: www.honolulu.gov/liq

# New Liquor License Application CHECKLIST

| SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER: | Form Number | HLC Initial |
|---|---|---|
| ❑ Application fees will be collected upon submittal of a completed application packet. We accept Cash, Cashier's Check, Money Order, Licensee/Attorney Business Check payable to: *City & County of Honolulu*, or Discover/MasterCard/VISA (plus an applicable service fee). Amount Due: $2,375.00. Please note the $375.00 application fee is non-refundable. | | |
| ❑ Notification of Authorized Agent (if applicable) | LIQ-LIC-106 | |
| ❑ Completed and Notarized Liquor License Application | LIQ-LIC-101 | |
| ❑ Corporation or Club: Articles of Incorporation **or**<br>Partnership: Partnership Agreement **or**<br>LLC: Articles of Organization **AND** Operating Agreement | LIQ-LIC-103<br>LIQ-LIC-104<br>LIQ-LIC-104 | |
| ❑ Certificate of Good Standing (not over 60 days old) for Corporation/Partnership/LLC.<br>Request online using the following DCCA website: http://cca.hawaii.gov/breg/ | | |
| ❑ Certificate of Trade Name (T-1) ***or*** Assignment of Trade Name (T-4)<br>Perform an internet search for T-1 or T-4 form (If dba/trade name is not a Corporate or LLC Name) | Form T-1 ***or*** Form T-4 | |
| ❑ Financial Statement (not over 1 year old) | LIQ-LIC-138 | |
| ❑ Verification of funds<br>Provide original verification letter from bank, copy(s) of bank statements or loan documentation (not over 1 year old). | | |
| ❑ Personal History & Affidavit<br>Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC | LIQ-LIC-129 | |
| ❑ Criminal History Record Clearance (Fingerprinting)<br>Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC.<br>Review instructions for submitting fingerprints through ***Fieldprint*** fingerprinting services. | LIQ-LIC-132<br>Fingerprinting Services | |
| ❑ Floor Plan Drawn to Scale – Must include the proposed area to be licensed outlined in "red".<br>*Must have Hawaii State Dept. of Health stamp for on-premises consumption licenses.*<br>❑ Copy of Floor Plan Drawn to Scale and Reduced to 8-1/2"x11"<br>Must include the proposed area to be licensed outlined in "red". | | |
| ❑ Copy of the proposed liquor establishment's Lease Agreement, must indicate liquor sales/service will be conducted. If Lease Amendment/Revision to the Lease is required, submit this portion when fully executed. | | |
| ❑ 4"x6" Photo or larger of Frontage of Proposed Premise Mounted or Printed on 8-1/2"x11" paper | | |
| ❑ Tax Map Key (TMK) to scale (1" to 40', 50', or 60' scale)<br>**2 Separate Lists for each of the following** (List 1=Within 100', List 2=Between 100' and 500')<br>❑ Lists of Property Owners & Lessees<br>❑ Lists of Condos and Co-ops<br>❑ Lists of all Small Businesses (Hotel, Restaurant & Retail Stores exempt from submitting small business list.) | | |
| ❑ Voter List within a 500' radius of proposed liquor establishment<br>Complete "Affidavit on Application for Statewide Voter Registration Data Form" & **Mail to:**<br>Office of the City Clerk, City Hall, 530 S. King Street, Room 100, Honolulu, HI 96813<br>Phone: (808)768-3800<br>(Application can be submitted with Statement of Affirmation Form prior to receiving the Voter List.) | LIQ-LIC-139<br>LIQ-LIC-140<br>Statement of Affirmation (optional) | |
| ❑ Zoning Clearance – Dept. of Planning & Permitting (808)768-8000 ***or***<br>Dept. of Hawaiian Homelands (808)620-9590<br>❑ If your business is located in the Kakaako/Kalaeloa Area, obtain Zoning Approval from HCDA (Hawaii Community Development Authority): (808)594-0300<br>Complete the HCDA Request for Zoning Clearance form http://dbedt.hawaii.gov/hcda/permits/ (Application can be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance.)<br>❑ If your business is located at Aloha Tower, obtain Zoning Approval from Aloha Tower Development Corporation: 79 S Nimitz Highway, Honolulu, Hawaii 96813 (808)587-3651 | LIQ-LIC-122<br>LIQ-LIC-140<br>Statement of Affirmation (optional) | |
| ❑ **New Restaurant Licensees only** – if not previously operated as an establishment serving meals, provide a summarized business plan demonstrating the applicant's ability to meet the minimum 30% gross revenue sale of foods required. | | |

**Note: Any application that is inaccurate or incomplete will be returned.**

***For questions about forms, please email:*** **liq-licensing@honolulu.gov**

*Reserved for Office Use (Date/Time Stamp)*

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# NOTIFICATION OF AUTHORIZED AGENT

*(Rule 3-81-19.3)*

Effective Date:_____ *Maximum representation is one (1) year.*

*If less than one (1) year, enter the end date*: _____

**Authorized Agent Name:**_____ Title: _____

Company Name: _____

Mailing Address: _____

Bus. #:_____ Mobile #: _____ Email:_____

LCIS Access (Optional)
Choose an LCIS Username (Must be between 8 – 32 characters long, one character per box):

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

*All Licensees/Licenses may be linked to one (1) LCIS Username. One (1) LCIS User Account per email address.*

_____ _____
SIGNATURE Authorized Agent Date

_____
PRINT Authorized Agent

License Number(s) for existing licensees:_____

Licensee/Applicant:_____

**Licensee/Applicant**
**Contact Name:** _____ Title:_____

Bus. #:_____ Mobile #: _____ Email:_____

Licensee/Applicant certifies that the above named authorized agent may act on their behalf before the Honolulu Liquor Commission. Representation is limited to one (1) year, and must be renewed annually.

_____ _____
SIGNATURE Licensee (Owner) Date

_____
PRINT Licensee (Owner)

***For HLC Office Use Only***

LCIS ENTRY DATE: _____ HLC STAFF INITIAL:_____

OFFICE USE (Date/Time Stamp)

| DO NOT FILL IN THIS SPACE | |
|---|---|
| APPLICATION NO. | |
| License Fee | |
| Publication Cost | |
| TOTAL | |
| ❑ CASH<br>❑ CREDIT CARD<br>❑ CHECK: _____ | RECEIPT # |

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**APPLICATION FOR**
# LIQUOR LICENSE

## 1. APPLICATION TYPE *(Check One Only)*

❑ New
❑ [Stand-Alone] Temporary

Must submit 2 original applications:
**1.** New Liquor License
**2.** Stand Alone Temporary Liquor License

❑ Transfer
❑ Temporary

Must submit 2 original applications:
**1.** Transfer of Liquor License
**2.** Temporary Liquor License

❑ Change to Existing License
❑ Catering
❑ Special [Non-Profit]
❑ Special (For Profit)
❑ Renewal of Temporary License
❑ Provide copy of existing Temporary License
❑ Provide extension dates

Start_____End_____

**Liquor License # (if existing):** _____

## APPLICATION INFORMATION

| | | | |
|---|---|---|---|
| 2. Classification: | 3. Kind: | 4. Category: | 5. 1st Event Date (For Catering / Specials / Transient Vessel): |
| 6. FEIN: | 7. State GE Tax #: | 8. DCCA File #: | |
| 9. Business Name: | 10. Trade Name / DBA: | | |
| 11. Business Mailing Address: | | | |
| 12. Business Phone #:<br>( ) - | Business Fax #:<br>( ) - | Business Email Address: | |
| 13. Primary Contact Mailing Address: | | | |
| 14. Primary Contact (Full Name): | Primary Contact Phone #:<br>( ) - | Primary Contact Email Address: | |
| 15. Premises Physical Address: | | Tax Map Key #: | |

## 16. FOR TRANSFER LICENSES ONLY

**Signature required by current license owner to authorize license transfer**

_____ *Signature of Current License Owner* _____ *Print Name* _____ *Date*

_____ *Current License Owner must provide Gross Liquor Sales (GLS) Report and applicable payment upon license transfer*
*INITIAL*

**17.** Notary Initial: _____

**18. PAYMENT BY CASH, CASHIER'S CHECK, MONEY ORDER, OR CREDIT CARD (DISCOVER / MASTERCARD / VISA) MAY BE REQUIRED UPON APPLICATION SUBMITTAL. SEE FORM CHECKLIST FOR PAYMENT AMOUNT**

## 19. APPLICANT INFORMATION (*Check One*)

| | |
|---|---|
| ❑ **INDIVIDUAL OR SOLE PROPRIETOR**<br>Enter Applicant's Resident Address: | ❑ Applicant is 21 years of age or older |
| ❑ **CORPORATION ONLY**<br>● Form LIQ-LIC-103 (Add/Delete Officers/Directors)<br>*(Includes shareholders owning twenty-five percent (25%) or more of business)* | Total # of outstanding shares: |
| ❑ **PARTNERSHIP OR LLC**<br>● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners) | ❑ Partners are 21 years of age or older |
| ❑ **UNINCORPORATED ASSOCIATION**<br>● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners) | ❑ Individuals are 21 years of age or older |
| ❑ **NON-PROFIT ENTITY**<br>● Must provide proof of Non-Profit status | |

## 20. CONDITIONS OF APPLICATION

1. **(Applicable to Individual Only).** The undersigned individual who resides at the Applicant's Resident address as indicated on the application is the sole owner of the business proposed to be licensed; and is not a person who has been convicted of a felony and not pardoned.
2. **(Applicable to Corporation Only).** The individuals indicated on the application (and attached sheet(s) if applicable) are all the officers and directors of the applicant corporation; stockholders who own twenty-five percent (25%) or more of its outstanding capital stock; and that each such officer, director, and stockholder is no less than the legal majority age and is not a person who has been convicted of a felony and not pardoned.
3. **(Applicable to Partnership or LLC).** The individuals indicated on the application (and attached sheets(s) if applicable) are all the members of the undersigned partnership or LLC [Manager Managed LLC's, check manager(s)] each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and places of residence are listed.
4. **(Applicable to Unincorporated Association ONLY).** The individuals indicated on the application are all members of the applicant association and the full names of the officers thereof, each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and residence are listed.
5. No person other than the applicant named herein will have any interest in the business affected by this application without prior approval of such interest by the Commission.
6. No liquor license heretofore issued to applicant has been revoked within the term of two years preceding the date of this application.
7. The applicant (or if applicant is an association or corporation, the officers and directors thereof) is familiar with the provisions of the State statutes relating to intoxicating liquors and with the Rules of the Commission and gives consent for a background investigation for determining fitness prior to the issuance of a liquor license.
8. The financial statements attached hereto and made part hereof represents a full, true and correct statement of the applicant's financial condition as of the date given on the statement.
9. Prior to the issuance of license, the applicant will submit a certificate from the State Director of Taxation and Federal Internal Revenue Service showing the payment of all delinquent taxes, penalties, or interest and if liquors are to be sold for consumption on the licensed premises, a Department of Health sanitation certificate.
10. **Applicant Notification and Record Challenge**: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34

## 21. APPLICANT SIGNATURE NOTARIZED *(Notary not required for Special [Non-Profit])*

**Person signing must be a Corporate Officer, LLC Member or Authorized Agent**

*I declare, under penalty of perjury, under the laws of the State of Hawaii and the Rules of the Liquor Commission of the City and County of Honolulu, that I am authorized to prepare this application for and on behalf of the applicant(s) hereinabove named; that I have read the foregoing application; and the statements therein set forth are true and correct.*

_____
**Applicant Signature**

| _____ | _____ | _____ |
|---|---|---|
| **Print Name** | **Position/Title** | **Date** |

**22.** Notary Initial: _____

STATE OF HAWAII
City and County of Honolulu } SS.

On this _____ day of _____, in the year of _____, personally appeared

_____

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the foregoing instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the aforementioned instrument the person, or the entity upon behalf of which the person(s) acted, executed the aforementioned instrument in free act and deed.

Subscribed and sworn to before me this:

_____ day of_____, 20 _____

_____
*Signature of Notary*

Print Name: _____
Notary Public, State of Hawaii

My commission expires _____

*(Place Notary Stamp or Seal here)*

NOTARY CERTIFICATION

Date of Doc:_____ # of Pages: _____

Notary Name:_____Circuit Doc.

Description: _____

_____

_____

_____ _____
*Notary Signature* *Date*

*(Place Notary Stamp or Seal here)*

*Reserved for Office Use (Date/Time Stamp)*


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# ADD OR DELETE OFFICERS/DIRECTORS/STOCKHOLDERS FOR CORPORATION OR CLUB ONLY

HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Application/Change: _____ License # (if existing): _____

Licensee Name: _____

Doing Business As (DBA): _____

Class: _____ Kind: _____
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premises Address: _____

_____

Bus. #: _____ Mobile #: _____ Email: _____

Changes to Officers/Directors as follows (attach additional sheets if necessary):

**Please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129), completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132), & copies of supporting documents to confirm the appointment of the Officer/Director & position.**
***(Personal History and Criminal History Record does not apply to Transient Vessel Applications.)***

| Add | Remove | Name | Title | # of Shares | % of Ownership |
|---|---|---|---|---|---|
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |

_____ **I certify that all Officers/Directors listed above are at least 21 years of age.**
**INITIAL**

_____ _____
SIGNATURE Licensee (Owner)/Authorized Agent DATE

_____
PRINT Licensee (Owner)/Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner.

Notary Initial
*(If applying for New License or Transfer of License)* _____

***For HLC Office Use Only***

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____

*Reserved for Office Use (Date/Time Stamp)*

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# ADD OR DELETE MEMBERS/MANAGERS/PARTNERS FOR LLC, PARTNERSHIP OR UNINCORPORATED ASSOCIATION

HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Application/Change: _____ License # (if existing): _____

Licensee Name: _____

Doing Business As (DBA): _____

Class: _____ Kind: _____
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premises Address: _____

_____

Bus. #: _____ Mobile #: _____ Email: _____

Changes to Members/Managers/Partners as follows (attach additional sheets if necessary):

**Please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129), completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132), & copies of supporting documents to confirm the appointment of the Member/Manager/Partner & position.**
***(Personal History and Criminal History Record does not apply to Transient Vessel Applications.)***

| Add | Remove | Name | Title | # of Shares | % of Ownership |
|---|---|---|---|---|---|
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |
| ❑ | ❑ | | | | |

_____ **I certify that all Officers/Directors listed above are at least 21 years of age.**
**INITIAL**

Change to existing Members/Managers/Partners:

| Name | Change From | Change To |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

_____ _____
SIGNATURE Licensee (Owner) / Authorized Agent DATE

_____
PRINT Licensee (Owner) / Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner.

Notary Initial
*(If applying for New License or Transfer of License)* _____

***For HLC Office Use Only***

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____

*Reserved for Office Use (Date/Time Stamp)*


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# FINANCIAL STATEMENT

## Supplement to Application for Liquor License

Rule 3-83.53.1

NAME OF APPLICANT _____ ❑ CORPORATION ❑ LLC ❑ INDIVIDUAL

DOING BUSINESS AS _____

The undersigned applicant submits the following financial statement in conformity with and as a part of an Application for Liquor License. The statement is furnished as representing the full, true, and correct financial condition of applicant on the date giving below.

FINANCIAL CONDITION AS OF _____ 20_____

| ASSETS | AMOUNT | | LIABILITIES | AMOUNT | |
|---|---|---|---|---|---|
| Cash on Hand | | | Notes Payable (Itemize) | | |
| Cash in following Banks: | | | | | |
| | | | | | |
| | | | | | |
| | | | Accounts Payable | | |
| Notes Receivable | | | | | |
| Accounts Receivable | | | | | |
| Merchandise Inventory | | | Other Current Liabilities (Itemize) | | |
| | | | | | |
| | | | | | |
| Stocks, Bonds, Investments (Itemize) | | | | | |
| | | | Mortgages or Liens on Real Estate (Itemize) | | |
| | | | | | |
| | | | | | |
| Real Estate (Itemize) | | | | | |
| | | | All Other Liabilities (Itemize) | | |
| | | | | | |
| | | | TOTAL LIABILITIES | | |
| | | | Reserves - (Itemize) | | |
| | | | | | |
| Furniture and Fixtures | | | **FOR CORPORATION & LLC ONLY** | | |
| Machinery and Equipment | | | CAPITAL STOCK: | | |
| Automobiles and Trucks | | | Preferred - Outstanding | | |
| Other Assets (Itemize) | | | Common - Outstanding | | |
| | | | SURPLUS AND UNDIVIDED PROFITS | | |
| | | | Net Worth (If unincorporated) | | |
| | | | TOTAL | | |
| | | | **FOR INDIVIDUAL ONLY** | | |
| | | | Total Liabilities | | |
| | | | Net Worth | | |
| TOTAL | | | Total Liabilities and Net Worth | | |

EXPLANATION OF ASSETS AND LIABILITIES

REAL ESTATE - Unless otherwise noted, title registered in name of _____

| DESCRIPTION AND ADDRESS | VALUE OF LAND | | VALUE OF IMPROVEMENTS | | TOTAL VALUE | | INCUMBRANCE | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

STOCKS, BONDS, AND INVESTMENTS issued to _____

| DESCRIPTIONS | FACE VALUE | | ACTUAL VALUE | |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EXPLANATION OF OTHER ASSETS AND/OR LIABILITIES:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____
(Applicant)

Print Name: _____

Date: _____

- Attach additional sheets to further explain and/or to itemize such Assets and Liabilities as can not be listed in detail above.
- Applicants may submit their financial statement on forms other than this provided each statement is in sufficient detail and properly signed, dated and certified by the Applicant as being a full, true and correct statement submitted in conformity with, and as a part of this application for liquor license.

Application No.: _____

Date: _____

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# PERSONAL HISTORY AND AFFIDAVIT

Rule 3-83-53.1

**NAME** _____ **SOCIAL SECURITY NO.** _____
**Last, First Middle Maiden**

**HOME ADDRESS** _____ **APT. NO.** _____

**TELEPHONE NOS.:**
**HOME (_____)** _____

**CITY** _____ **STATE** _____ **ZIP CODE** _____ **BUS. (_____)** _____

**PLACE OF BIRTH** _____ **DATE OF BIRTH** _____ **AGE** _____ **MARITAL STATUS** _____
**(City, State)** **(MM / DD / YYYY)**

**NO. OF YEARS COMPLETED IN HIGH SCHOOL** _____ **YEAR COMPLETED** _____ **NAME OF SCHOOL** _____
**(include City and State)**

**NO. OF YEARS COMPLETED IN COLLEGE** _____ **YEAR COMPLETED** _____ **NAME OF COLLEGE** _____
**(include City and State)**

**OTHER EDUCATION** _____

**CITIZENSHIP*** _____ **DATE ARRIVED IN HAWAII (if applicable)** _____
***(If not a U.S. citizen, indicate type of Visa, or Resident Alien Card No., or Immigration Department No.)**

**EMPLOYMENT RECORD (from the time school was completed to present):**

| FROM MONTH/YEAR | TO MONTH/YEAR | POSITION | EMPLOYER | LOCATION |
|---|---|---|---|---|
| | | | | |
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(If additional space is needed, please use reverse side)

NOTARY INITIAL:_____

**List your experience in the liquor industry:** _____

_____

_____

_____

_____

_____

**Will you devote time to manage the subject business?** _____ **Yes** _____ **No**

**If answer is "YES", will it be** _____ **Full time, or** _____ **Part-time?**

**I,** _____**, of** _____
**(Full Street Address, City, State, Zip)**

**being first duly sworn, deposes, and says, that the above information is true and correct and that I (___ have/___ have not) been convicted of any felony charge.**

_____
**Signature**

**PASSPORT-TYPE PHOTOGRAPH REQUIRED - - NO SNAPSHOTS OR PHOTOCOPIES WILL BE ACCEPTED. AFFIX 2" X 2" PHOTOGRAPH HERE.**

**FOR NOTARY USE ONLY**

STATE OF HAWAII
City and County of Honolulu } SS.

On this _____ day of _____, in the year of _____, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the foregoing instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the aforementioned instrument the person, or the entity upon behalf of which the person(s) acted, executed the aforementioned instrument in free act and deed.

_____
*Signature of applicant(s) before Notary*

Subscribed and sworn to before me this:

_____day of _____ , 20_____

_____
*Signature of Notary*

Print Name:_____
Notary Public, State of Hawaii

My commission expires _____

*(Place Notary Stamp or Seal here)*

NOTARY CERTIFICATION

Date of Doc:_____ # of Pages: _____

Notary Name:_____ _____Circuit

Doc. Description:_____

_____

_____ _____
*Notary Signature* *Date*

*(Place Notary Stamp or Seal here)*

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# FINGERPRINTING SERVICES FOR THE HONOLULU LIQUOR COMMISSION

Beginning November 1, 2020, all applicants who are required to submit fingerprints must utilize ***Fieldprint,*** the nation's largest electronic fingerprinting network within the United States and its territories.

- Oahu applicants may schedule at any one of the four local ***Fieldprint*** locations.
- Out-of-state applicants may go to any of the 1,300+ Livescan sites operated by ***Fieldprint*** across the United States and its territories.
- Out-of-country applicants who are unable to utilize ***Fieldprint's*** service must contact the Supervising Liquor Control Investigator at (808) 768-7340 for further instructions.

## If you are unsure as to whether or not you are required to submit fingerprints as part of the liquor license application process, please contact your assigned Licensing Investigator.

Instructions to schedule a fingerprint appointment:

1. Visit **http://fieldprinthawaii.com**
2. Click on the "Schedule an Appointment" button.
3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question, then click "Sign Up and Continue."
4. Enter the Fieldprint Code**: FPHonoluluLiquorCommission**
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any technical questions or problems, you may contact ***Fieldprint's*** customer service team at 877-614-4364 or customerservice@fieldprint.com.
8. You will be responsible for submitting payment directly to ***Fieldprint***.
9. You will be notified by your assigned Licensing Investigator once your background report is received.

**LIQUOR COMMISSION**
**CITY AND COUNTY OF HONOLULU**
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • EMAIL liq-licensing@honolulu.gov
INTERNET ADDRESS: www.honolulu.gov/liq

# CONFIDENTIAL

## REQUEST FOR A CRIMINAL HISTORY RECORD CLEARANCE FOR LIQUOR LICENSE

(Please **PRINT** in black ink or type all requested information in Part I and Part II, sign, and **return to Honolulu Liquor Commission**)

## PART I – APPLICANT DATA:

Last Name: _____ First Name: _____ Middle Name: _____

Alias(es) / Former Name(s) / Maiden Name: _____

Social Security No.: _____ Date of Birth: _____ Sex: ❑ M ❑ F

Race: _____ Height: _____ Weight: _____ Color of Eyes: _____ Color Hair: _____

Business Name: _____ Trade Name/DBA: _____

Place of Birth: _____ Citizenship: _____

## PART II – DISCLOSURE OF CRIMINAL HISTORY:

Have you ever been convicted of any violation of law (felony/misdemeanor) other than a minor Traffic violation? ❑ Yes ❑ No

If yes, please explain what you were convicted of, when you were convicted, and the sentence/penalty. Also explain the circumstances of the offense.

_____

_____

_____

I certify under the penalty of perjury that the above statements are true, complete and correct to the best of my knowledge and belief. I authorize the Honolulu Liquor Commission to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing the state and national criminal history records that may pertain to me, and I waive the right to hold those agencies liable in determining my qualifications for a liquor license. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint-based criminal history record check. Should the Honolulu Liquor Commission policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.34.

I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement.

Applicant's Signature: _____ Date: _____

## PART III – FILE SEARCH DATA – TO BE COMPLETED BY DATA CENTER:

HCJDC Administrator: _____ Date: _____

# FBI PRIVACY ACT STATEMENT

**Authority**: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**LIQUOR LICENSE COMPLIANCE**

## AFFIDAVIT ON APPLICATION FOR STATEWIDE VOTER REGISTRATION DATA

STATE OF HAWAII
[ ] County of Hawaii
[ ] County of Kauai } SS
[ ] County of Maui
[ x ] City and County of Honolulu

1. Pursuant to Hawaii Revised Statutes §11-97, the undersigned hereby makes application to:

   [ ] Purchase Voter Registration Data on Tape/Cartridge/CD
   [ x ] Review/Purchase Roster of Registered Voters
   [ ] Purchase Voter Registration Street Data on Tape/Cartridge/CD
   [ ] Review/Purchase Affidavit of Registration
   [ ] Other_____

2. Pursuant to Hawaii Administrative Rules §3-172-31 (c), the undersigned seeks this information for the following election or government purpose (be specific):

   For use with compliance/protest of liquor license application pursuant to Hawaii Revised Statutes Chapter 281. Usage is limited for this express purpose.

3. Pursuant to Hawaii Administrative Rules §3-172-31 (c), "government agencies may additionally obtain social security number and date of birth information, provided that the requesting agency furnish valid reasons justifying the need for such information."

   Is your agency seeking social security number and date of birth information:

   [ ] Yes [ x ] No

   If "Yes", please set forth the specific reasons why this information is required:

TMK(s):_____
Street Address_____
Name of Establishment_____
District/Precincts of
area of establishment (see election map) _____

4. The undersigned fully understands and hereby affirms under penalty of law that the voter registration data shall be used only for election or governmental purposes and not for any other purposes unless specifically authorized by law.

| | |
|---|---|
| Name/Organization | Title |
| Address | Telephone |
| Signature | Date |

**WARNING: PURSUANT TO CHAPTER 19 OF THE HAWAII REVISED STATUTES, ANY PERSON KNOWINGLY PROVIDING FALSE INFORMATION MAY BE GUILTY OF A CLASS C FELONY, PUNISHABLE BY UP TO 5 YEARS IMPRISONMENT AND/OR $10,000 FINE.**

---

Approved by:

City Clerk (City and County of Honolulu)

County Clerk of Hawaii

County Clerk of Maui

County Clerk of Kauai

Date_____

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# STATEMENT OF AFFIRMATION
# (Voter List & Zoning Clearance)

❑ New Liquor License Application ❑ Transfer Liquor License Application

Date: _____

Applicant Trade Name/DBA: _____

Mailing Address: _____

_____

_____

Contact Person:_____ Title: _____

Phone:_____ Fax:_____ Email: _____

❑ I've submitted a request for a Voters List to the Office of the City Clerk on _____
Date

❑ I've submitted for Zoning Clearance to the Dept. of Planning & Permitting **or** HCDA (Hawaii Community Development Authority) if licensed premises is located in the Kakaako or Kalaeloa area. _____
Date

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

_____ _____
SIGNATURE Applicant Date

_____ _____
PRINT Applicant Title

---

*OFFICE USE:*

LCIS ENTRY DATE:_____ HLC STAFF INITIAL:_____

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# REQUEST FOR ZONING CLEARANCE

Rule 3-83-53.1(a)(2)

The Liquor Commission requires a zoning clearance for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Department of Planning & Permitting (DPP). There is a **$150.00 filing fee**. Cash or check payable to: City & County of Honolulu. After obtaining a clearance from DPP, you must return to the Liquor Commission with this original document.

To: City & County of Honolulu, Department of Planning & Permitting 650 S. King St., 1st Floor, Honolulu, HI., 96813

**Applicant to complete information in this block only.**
**Do not cross out or erase information. If corrections are necessary, please complete a new form.**

1. Name of Applicant:_____

   Trade Name (DBA):_____

2. Applicant's Mailing Address:_____

3. Phone No.:_____ Contact Person:_____

4. Site (business) Address:_____

5. Tax Map Key (TMK) of site:_____

6. This is a: ❑ New Application ❑ Transfer Application ❑ Re-Classification ❑ Extension of Premises
   ❑ Change of Location ❑ 90-day Trial Period for Entertainment ❑ Outside Warehouse

7. For new applications, changes of location, or as requested for any applications by the DPP, attach a copy of the floor plans, including a location map and description of where business is situated within the building.

8. Type of business intended at site:_____

9. Other business on TMK parcel: ❑ Yes ❑ No

   If "Yes", specify type (i.e., Hotel, Shopping Center, etc.):_____

10. Class/Category of Liquor License applied for:_____

| _____ | _____ | _____ |
|---|---|---|
| **SIGNATURE Licensee (Owner)/Authorized Agent** | **PRINT Licensee (Owner)/Authorized Agent** | **Date** |

**FOR DEPARTMENT OF PLANNING & PERMITTING USE ONLY:**

Zoning District:_____

❑ Use is NOT PERMITTED

❑ Use is PERMITTED

❑ Use is PERMITTED WITH CONDITIONS

**The applicant is hereby notified that zoning clearances may require up to three weeks of research by the Department of Planning & Permitting (DPP). Approval by the DPP does NOT constitute liquor license approval or approval of any required building permits.**

COMMENTS:_____

_____

| _____ | _____ |
|---|---|
| SIGNATURE Department of Planning & Permitting | DATE |

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# STATEMENT OF AFFIRMATION
# (Voter List & Zoning Clearance)

❑ New Liquor License Application ❑ Transfer Liquor License Application

Date: _____

Applicant Trade Name/DBA: _____

Mailing Address: _____

_____

_____

Contact Person:_____ Title: _____

Phone:_____ Fax:_____ Email: _____

❑ I've submitted a request for a Voters List to the Office of the City Clerk on _____
Date

❑ I've submitted for Zoning Clearance to the Dept. of Planning & Permitting **or** HCDA (Hawaii Community Development Authority) if licensed premises is located in the Kakaako or Kalaeloa area. _____
Date

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

_____ _____
SIGNATURE Applicant Date

_____ _____
PRINT Applicant Title

---

*OFFICE USE:*

LCIS ENTRY DATE:_____ HLC STAFF INITIAL:_____