

**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](mailto:liq-licensing@honolulu.gov)

INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**Transfer Liquor License Application  
CHECKLIST**

<b>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</b>	<b>Form Number</b>	<b>HLC Initial</b>
<input type="checkbox"/> 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: <i>City &amp; County of Honolulu</i> , or Discover/MasterCard/VISA (plus an applicable service fee). Dispenser/Cabaret: \$2,375.00, All others: \$875.00 Please note the \$375.00 application fee is non-refundable.		
<input type="checkbox"/> Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
<input type="checkbox"/> Completed and Notarized Liquor License Application	LIQ-LIC-101	
<input type="checkbox"/> Corporation or Club: Articles of Incorporation <b>or</b> Partnership: Partnership Agreement <b>or</b> LLC: Articles of Organization <b>AND</b> Operating Agreement	LIQ-LIC-103 LIQ-LIC-104 LIQ-LIC-104	
<input type="checkbox"/> Certificate of Good Standing (not over 60 days old) for Corporation/Partnership/LLC. Request online using the following DCCA website: <a href="http://cca.hawaii.gov/breg/">http://cca.hawaii.gov/breg/</a>		
<input type="checkbox"/> Financial Statement (not over 1 year old)	LIQ-LIC-138	
<input type="checkbox"/> Verification of funds Provide original verification letter from bank, copy(s) of bank statements or loan documentation (not over 1 year old).		
<input type="checkbox"/> Personal History & Affidavit Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC, Partners.	LIQ-LIC-129	
<input type="checkbox"/> Criminal History Record Clearance (Fingerprinting) Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC, Partners. Review instructions for submitting fingerprints through <b>Fieldprint</b> fingerprinting services.	LIQ-LIC-132 Fingerprinting Services	
<input type="checkbox"/> Floor Plan Drawn to Scale – Must include the proposed area to be licensed outlined in “red”. <i>Must have Hawaii State Dept. of Health stamp for on-premises consumption licenses.</i> <i>(Sanitation Branch Phone: (808)586-8000, Address: 99-945 Halawa Valley St.)</i>		
<input type="checkbox"/> Copy of Floor Plan Drawn to Scale and Reduced to 8-1/2"x11" Must include the proposed area to be licensed outlined in “red”.		
<input type="checkbox"/> Copy of Assignment of Lease & the proposed liquor establishment's Lease Agreement 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.		
<input type="checkbox"/> 4"x6" Photo or larger of Frontage of Proposed Premise Mounted or Printed on 8-1/2"x11" paper		
<input type="checkbox"/> Consideration Document – Deposit Receipt, Purchase Contract, Agreement, Agreement of Sale, Bill of Sale, etc.		
<b>For Dispenser and Cabaret Licensees only</b> <input type="checkbox"/> Tax Map Key (TMK) to scale (1" to 40', 50', or 60' scale) <b>2 Separate Lists for each of the following</b> (List 1=Within 100', List 2=Between 100' and 500') <input type="checkbox"/> Lists of Property Owners & Lessees <input type="checkbox"/> Lists of Condos and Co-ops <input type="checkbox"/> Lists of all Small Businesses (Hotel, Restaurant & Retail Stores exempt from submitting small business list.)	For Dispenser & Cabaret Licensees only	
<input type="checkbox"/> Certificate of Trade Name (T-1) <b>or</b> Assignment of Trade Name (T-4) 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 <b>or</b> Form T-4	
<input type="checkbox"/> Voter List within a 500' radius of proposed liquor establishment Complete "Affidavit on Application for Statewide Voter Registration Data Form" & <b>Mail to:</b> Office of the City Clerk, City Hall, 530 S. King Street, Room 100, Honolulu, HI 96813 Phone: (808)768-3800 Application can be submitted with Statement of Affirmation Form prior to receiving the Voter List.	LIQ-LIC-139 LIQ-LIC-140 Statement of Affirmation (optional)	
<input type="checkbox"/> Zoning Clearance – Dept. of Planning & Permitting (808)768-8000 <b>or</b> Dept. of Hawaiian Homelands (808)620-9590		
<input type="checkbox"/> If your business is located in the Kakaako/Kalaheo Area, obtain Zoning Approval from HCDA (Hawaii Community Development Authority): (808)594-0300 Complete the HCDA Request for Zoning Clearance form <a href="http://dbedt.hawaii.gov/hcda/permits/">http://dbedt.hawaii.gov/hcda/permits/</a> (Application can be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance.)	LIQ-LIC-122 LIQ-LIC-140 Statement of Affirmation (optional)	
<input type="checkbox"/> 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		
<input type="checkbox"/> <b>For Restaurant Licensees only</b> – evidence that the current license holder meets 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](mailto:liq-licensing@honolulu.gov)**



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**APPLICATION FOR  
LIQUOR LICENSE**

DO NOT FILL IN THIS SPACE	
APPLICATION NO.	
License Fee	
Publication Cost	
TOTAL	
<input type="checkbox"/> CASH	RECEIPT #
<input type="checkbox"/> CREDIT CARD	
<input type="checkbox"/> CHECK:	

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

<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Change to Existing License
<input type="checkbox"/> [Stand-Alone] Temporary	<input type="checkbox"/> Temporary	<input type="checkbox"/> Catering
Must submit 2 original applications: 1. New Liquor License 2. Stand Alone Temporary Liquor License	Must submit 2 original applications: 1. Transfer of Liquor License 2. Temporary Liquor License	<input type="checkbox"/> Special [Non-Profit] <input type="checkbox"/> Special (For Profit) <input type="checkbox"/> Renewal of Temporary License
<b>Liquor License # (if existing):</b> _____		<input type="checkbox"/> Provide copy of existing Temporary License <input type="checkbox"/> Provide extension dates Start _____ End _____

**APPLICATION INFORMATION**

2. Classification:	3. Kind:	4. Category:	5. 1 <sup>st</sup> 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 #: ( ) -	Business Fax #: ( ) -	Business Email Address:	
13. Primary Contact Mailing Address:			
14. Primary Contact (Full Name):	Primary Contact Phone #: ( ) -	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

**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)**

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

**20. CONDITIONS OF APPLICATION**

- (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.
- (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.
- (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.
- (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.
- 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.
- No liquor license heretofore issued to applicant has been revoked within the term of two years preceding the date of this application.
- 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.
- 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.
- 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.
- 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)*

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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	<u>Name</u>	<u>Title</u>	<u># of Shares</u>	<u>% of Ownership</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

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

\_\_\_\_\_  
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: \_\_\_\_\_

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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.)**

<b>Add</b>	<b>Remove</b>	<b>Name</b>	<b>Title</b>	<b># of Shares</b>	<b>% of Ownership</b>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

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

Change to existing Members/Managers/Partners:

<b>Name</b>	<b>Change From</b>	<b>Change To</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
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: \_\_\_\_\_

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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		<b>FOR CORPORATION &amp; LLC ONLY</b>	
Machinery and Equipment		CAPITAL STOCK:	
Automobiles and Trucks		Preferred - Outstanding	
Other Assets (Itemize)		Common - Outstanding	
		SURPLUS AND UNDIVIDED PROFITS	
		Net Worth (If unincorporated)	
		TOTAL	
		<b>FOR INDIVIDUAL ONLY</b>	
		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	







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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](mailto: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.

## **C O N F I D E N T I A L**

### **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: \_\_\_\_\_

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#### **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: \_\_\_\_\_

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#### **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
- 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
- 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                       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 \_\_\_\_\_

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • FAX (808) 768-7311  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**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: \_\_\_\_\_

## 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., 1<sup>st</sup> 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

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

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

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OFFICE USE:

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_