# Transfer Liquor License Application

## Checklist

### Submit Your Application Packet in the Following Order:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Form Number</th>
<th>HLC Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &amp; County of Honolulu, 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.</td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td>Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td>Completed and Notarized Liquor License Application</td>
<td>LIQ-LIC-101</td>
<td></td>
</tr>
<tr>
<td>Corporation or Club: Articles of Incorporation or Partnership: Partnership Agreement or LLC: Articles of Organization AND Operating Agreement</td>
<td>LIQ-LIC-103</td>
<td>LIQ-LIC-104</td>
</tr>
<tr>
<td>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></td>
<td>LIQ-LIC-104</td>
<td></td>
</tr>
<tr>
<td>Financial Statement (not over 1 year old)</td>
<td>LIQ-LIC-138</td>
<td></td>
</tr>
<tr>
<td>Verification of funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal History &amp; Affidavit Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) &amp; Member(s) of Manager-Managed LLC, Partners.</td>
<td>LIQ-LIC-129</td>
<td></td>
</tr>
<tr>
<td>Criminal History Record Clearance (Fingerprinting) Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) &amp; Member(s) of Manager-Managed LLC, Partners. (Review instructions for submitting a Fingerprint Card) Payment required at or prior to fingerprint appointment.</td>
<td>LIQ-LIC-132</td>
<td>LIQ-LIC-147</td>
</tr>
<tr>
<td>Floor Plan Drawn to Scale – Must include the proposed area to be licensed outlined in “red”. Must have Hawaii State Dept. of Health stamp for on premise consumption licenses. (Sanitation Branch Phone: (808)586-8000, Address: 99-945 Halawa Valley St.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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”.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy of Assignment of Lease &amp; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4”x6” Photo or larger of Frontage of Proposed Premise Mounted or Printed on 8-1/2”x11” paper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consideration Document – Deposit Receipt, Purchase Contract, Agreement, Agreement of Sale, Bill of Sale, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Dispenser and Cabaret Licensees only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Map Key (TMK) to scale (1” to 40’, 50’, or 60’ scale)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Separate Lists for each of the following (List 1=Within 100’, List 2=Between 100’ and 500’)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lists of Property Owners &amp; Lessees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lists of Condos and Co-ops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lists of all Small Businesses (Hotel, Restaurant &amp; Retail Stores exempt from submitting small business list.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Trade Name (T-1) or Assignment of Trade Name (T-4)</td>
<td>Form T-1 or T-4</td>
<td></td>
</tr>
<tr>
<td>Perform an internet search for T-1 or T-4 form (If dba/trade name is not a Corporate or LLC Name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voter List within a 500’ radius of proposed liquor establishment Complete “Affidavit on Application for Statewide Voter Registration Data Form” &amp; Mail to: 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.)</td>
<td>LIQ-LIC-139</td>
<td>LIQ-LIC-140</td>
</tr>
<tr>
<td>Zoning Clearance – Dept. of Planning &amp; Permitting (808)768-8000 or Dept. of Hawaiian Homelands (808)620-9590 If your business is located in the Kakaako/Kalaeloa 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.) 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</td>
<td>LIQ-LIC-122</td>
<td>LIQ-LIC-140</td>
</tr>
<tr>
<td>For Restaurant Licensees only – evidence that the current license holder meets the minimum 30% gross revenue sale of foods required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

---

**002 Transfer Liquor License Application Checklist**

**Rev. 12/17/19**
**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: ______________________

<table>
<thead>
<tr>
<th>Authorized Agent Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Bus. #:</td>
<td>Mobile #:</td>
</tr>
</tbody>
</table>

**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

---

License Number(s) for existing licensees:

Licensee/Applicant:

**Licensee/Applicant**

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus. #:</td>
<td>Mobile #:</td>
</tr>
</tbody>
</table>

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: ___________
**APPLICATION FOR LIQUOR LICENSE**

1. **APPLICATION TYPE (Check One Only)**
   - ☐ New
   - ☐ Transfer
   - ☐ Change to Existing License
   - ☐ [Stand-Alone] Temporary
   - ☐ Temporary
   - ☐ Catering
   - ☐ Special [Non-Profit]
   - ☐ Special (For Profit)
   - ☐ Renewal of Temporary License
   - ☐ Provide copy of existing Temporary License
   - ☐ Provide extension dates
   - ☐ Change to Existing License
   - ☐ Catering
   - ☐ Special [Non-Profit]
   - ☐ Special (For Profit)
   - ☐ Renewal of Temporary License
   - ☐ Provide copy of existing Temporary License
   - ☐ Provide extension dates

   Liquor License # (if existing): ____________________________

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 #:**
    ( ) -
13. **Business Fax #:**
    ( ) -

14. **Primary Contact Mailing 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:** ____________________________
<table>
<thead>
<tr>
<th>19. APPLICANT INFORMATION (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ INDIVIDUAL OR SOLE PROPRIETOR</td>
</tr>
<tr>
<td>Enter Applicant’s Resident Address:</td>
</tr>
<tr>
<td>☐ Applicant is 21 years of age or older</td>
</tr>
<tr>
<td>☐ CORPORATION ONLY</td>
</tr>
<tr>
<td>● Form LIQ-LIC-103 (Add/Delete Officers/Directors)</td>
</tr>
<tr>
<td>(Includes shareholders owning twenty-five percent (25%) or more of business)</td>
</tr>
<tr>
<td>☐ Total # of outstanding shares:</td>
</tr>
<tr>
<td>☐ PARTNERSHIP OR LLC</td>
</tr>
<tr>
<td>● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)</td>
</tr>
<tr>
<td>☐ Partners are 21 years of age or older</td>
</tr>
<tr>
<td>☐ UNINCORPORATED ASSOCIATION</td>
</tr>
<tr>
<td>● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)</td>
</tr>
<tr>
<td>☐ Individuals are 21 years of age or older</td>
</tr>
<tr>
<td>☐ NON-PROFIT ENTITY</td>
</tr>
<tr>
<td>● Must provide proof of Non-Profit status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. CONDITIONS OF APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>6. No liquor license heretofore issued to applicant has been revoked within the term of two years preceding the date of this application.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. APPLICANT SIGNATURE NOTARIZED (Notary not required for Special [Non-Profit])</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person signing must be a Corporate Officer, LLC Member or Authorized Agent</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Applicant Signature</td>
</tr>
<tr>
<td>______________________</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
</tbody>
</table>

| 22. Notary Initial: ______________________ |
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)
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):

<table>
<thead>
<tr>
<th></th>
<th>Add</th>
<th>Remove</th>
<th>Name</th>
<th>Title</th>
<th># of Shares</th>
<th>% of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

For HLC Office Use Only

LCIS ENTRY DATE: _______________ HLC STAFF INITIAL: _______________
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.)

<table>
<thead>
<tr>
<th>Add</th>
<th>Remove</th>
<th>Name</th>
<th>Title</th>
<th># of Shares</th>
<th>% of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

INITIAL

Change to existing Members/Managers/Partners:

<table>
<thead>
<tr>
<th>Name</th>
<th>Change From</th>
<th>Change To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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:________________
**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

**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_____

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>AMOUNT</th>
<th>LIABILITIES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand</td>
<td>Notes Payable (Itemize)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash in following Banks:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes Receivable</td>
<td></td>
<td>Accounts Payable</td>
<td></td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merchandise Inventory</td>
<td>Other Current Liabilities (Itemize)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, Investments (Itemize)</td>
<td>Mortgages or Liens on Real Estate (Itemize)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real Estate (Itemize)</td>
<td>All Other Liabilities (Itemize)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL LIABILITIES</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reserves - (Itemize)</td>
<td></td>
</tr>
</tbody>
</table>

FOR CORPORATION & LLC ONLY

<table>
<thead>
<tr>
<th>CAPITAL STOCK:</th>
<th>SURPLUS AND UNDIVIDED PROFITS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred - Outstanding</td>
<td>Net Worth (if unincorporated)</td>
<td></td>
</tr>
<tr>
<td>Common - Outstanding</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

FOR INDIVIDUAL ONLY

<table>
<thead>
<tr>
<th>Total Liabilities</th>
<th>Net Worth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

Total Liabilities and Net Worth

**EXPLANATION OF ASSETS AND LIABILITIES**

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

<table>
<thead>
<tr>
<th>DESCRIPTION AND ADDRESS</th>
<th>VALUE OF LAND</th>
<th>VALUE OF IMPROVEMENTS</th>
<th>TOTAL VALUE</th>
<th>INCUMBRANCE</th>
</tr>
</thead>
</table>

| | |

LIQ-LIC-138  
Page 1 of 2  
Rev. 08/28/18
<table>
<thead>
<tr>
<th>DESCRIPTIONS</th>
<th>FACE VALUE</th>
<th>ACTUAL VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: __________________________
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

(= City, State) (MM / DD / YYYY) STATUS ________________________________

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):

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH/YEAR</td>
<td>MONTH/YEAR</td>
</tr>
<tr>
<td>POSITION</td>
<td>EMPLOYER</td>
</tr>
</tbody>
</table>

(If additional space is needed, please use reverse side)

NOTARY INITIAL: ____________

Page 1 of 2
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

__________________________
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)
The Honolulu Liquor Commission (HLC) has partnered with Fieldprint, the nation's largest electronic fingerprinting network, for fingerprint collection appointments within the United States and its territories.

- **Oahu applicants** may schedule at any one of the four Fieldprint locations on this island.
- **Out-of-state applicants** may go to any of the 1,300+ Livescan sites operated by Fieldprint across the United States and its territories.

During the application process, your assigned licensing investigator will provide you or your authorized agent with written instructions to schedule an appointment with Fieldprint at your convenience, and submit payment directly to Fieldprint.

Since Fieldprint currently operates only in the United States, our **out-of-country applicants** must submit the following three items to HLC:

- A completed HLC fingerprint card.  
  Note: If the print card cannot be accurately read for identification purposes, a new fingerprint card will be required. An applicant may submit more than one card at the same time to avoid repeating the fingerprint process.

- A certified check or money order, in the amount of $48.25, payable to the “Hawaii Criminal Justice Data Center,” to cover the processing fee for hardcopy ink printing. Submit a separate check for each applicant.

*NO PERSONAL CHECKS OR CASH ACCEPTED FOR FINGERPRINTING.*

- A verification letter from the fingerprint technician, on an agency letterhead, stating the applicant was fingerprinted and must include the following information:
  - Applicant’s Name
  - Social Security Number (if applicable)
  - Date of Birth
  - Date of Fingerprinting

If you have any questions regarding the fingerprint process, please contact your assigned investigator.
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).
INSTRUCTIONS TO SUBMIT FINGERPRINTING
(Effective January 1, 2019)

Fingerprinting at the Honolulu Liquor Commission (HLC) office:
• A Licensing Investigator will contact you to schedule an appointment for fingerprinting after the License Application has been filed and accepted.

• Please bring the following with you to the appointment:
  ➢ A current government issued photo identification card.
  ➢ A certified check, or money order, for $43.25 (for electronic fingerprinting), made payable to: “Hawaii Criminal Justice Data Center” for each individual. Submit separate checks for each individual.

Note: Should the electronic fingerprinting method fail, you may be required to do traditional ink fingerprinting (hardcopy) with an additional fee.

Fingerprinting by other authorities:
• If the individual will not come to the HLC office to be fingerprinted, please submit the following:
  ➢ A completed Honolulu Liquor Commission fingerprint card.
  ➢ If the prints are not adequate for accurate identification purposes, we will require that a second fingerprint card be submitted. The applicant may submit more than one card at the same time.

  ➢ A certified check, or money order, for $48.25 (for hardcopy ink printing) processing fee, made payable to: “Hawaii Criminal Justice Data Center” for each individual. Submit separate checks for each individual.

  ➢ A letter from the fingerprint technician, on an agency letterhead, verifying that the applicant was fingerprinted, must accompany the fingerprint card. The verification letter must include:
    ❖ The applicant’s name
    ❖ Social Security Number (if applicable)
    ❖ Date of Birth
    ❖ Date of fingerprinting

• Submit the fingerprint card, the $48.25 processing fee (per individual), and the verification letter to the HLC.
• Electronic fingerprinting not available, hardcopy ink printing only.

NO PERSONAL CHECKS OR CASH ACCEPTED FOR FINGERPRINTING.
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____________________
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., 1st Floor, Honolulu, HI., 96813

<table>
<thead>
<tr>
<th>Applicant to complete information in this block only.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
</tbody>
</table>
| 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  
 COMMENTS: ____________________  

**SIGNATURE** Department of Planning & Permitting  
**DATE**  

Rev. 02/25/14
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:___________________