Transient Vessel Liquor License Application CHECKLIST

Application & supporting documents must be submitted at least three (3) weeks prior to arrival.

<table>
<thead>
<tr>
<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
<th>Form Number</th>
<th>HLC Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Amount Due: $90.00 per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td>❑ If application made by Agent, provide document establishing Agent’s relation to the Vessel Owner</td>
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<td></td>
</tr>
<tr>
<td>❑ Completed and Notarized Liquor License Application</td>
<td>LIQ-LIC-101</td>
<td></td>
</tr>
<tr>
<td>❑ Supplemental Information for Transient Vessel</td>
<td>LIQ-LIC-141</td>
<td></td>
</tr>
<tr>
<td>❑ Organizational Documents</td>
<td></td>
<td></td>
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<tr>
<td><strong>Sole Proprietor:</strong> Personal History and Affidavit or</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Corporation:</strong> Articles of Incorporation and List of Current Officers/Directors/Stockholders with 25% or more interest or</td>
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<td></td>
</tr>
<tr>
<td><strong>Partnership:</strong> Partnership Agreement and List of Current Partners or</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limited Liability Company:</strong> Articles of Organization and List of Current Managers/Members or</td>
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<td></td>
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<tr>
<td><strong>If entity not above,</strong> provide Organizational Document and List of Current Principals</td>
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<td></td>
</tr>
<tr>
<td>❑ Financial Statement (not over 1 year old)</td>
<td>LIQ-LIC-138</td>
<td></td>
</tr>
<tr>
<td>❑ Photograph of the vessel (on 8-1/2”x11” paper)</td>
<td></td>
<td></td>
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<tr>
<td>❑ Deck Plans showing the proposed liquor outlets, dance floors, etc. (on 8-1/2”x11” paper)</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
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: ___________
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

APPLICATION FOR LIQUOR LICENSE

1. APPLICATION TYPE (Check One Only)

- New
- Transfer
- Change to Existing License
- [Stand-Alone] Temporary
- Temporary
- Catering
- Temporary
- Special [Non-Profit]
- Transfer of Liquor License
- Special (For Profit)
- Renewal of Temporary License
- Catering / Special / Transient Vessel:
- 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): ______________________

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 #:
   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: ______________________

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

17. Notary Initial: ______________________

LIQ-LIC-101 Page 1 of 3
Rev. 07/17/20
### 19. APPLICANT INFORMATION (Check One)

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

### 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.

<table>
<thead>
<tr>
<th>Farmer Name</th>
<th>Position/Title</th>
<th>Date</th>
</tr>
</thead>
</table>

### 22. Notary Initial:

LIQ-LIC-101

Page 2 of 3

Rev. 07/17/20
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 ___________________________

(Place Notary Stamp or Seal here)
**SUPPLEMENTAL INFORMATION FOR TRANSIENT VESSEL**

**Rule 3-83-53.1**

*Submit this form with a New Liquor License application (notarized) three (3) weeks prior to arrival.*

- **AMENDED** (check box if amending date(s), time(s), or Pier(s)/Port(s). Total number of days at Port must remain the same.)

<table>
<thead>
<tr>
<th>Applicant’s Name: ______________________</th>
<th>Date: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Contact Name: __________________</td>
<td>Title: __________________</td>
</tr>
<tr>
<td>Bus. #: __________________</td>
<td>Mobile #: __________________</td>
</tr>
<tr>
<td>Vessel Operator: __________________</td>
<td>Name of Vessel Owner: __________________</td>
</tr>
</tbody>
</table>

Name of Vessel/Boat: ____________________________________________

| Name of the City and State, or Country of the vessel’s titled owner: __________________ |

<table>
<thead>
<tr>
<th>Arrival Date(s)</th>
<th>Arrival Time(s)</th>
<th>Departure Date(s)</th>
<th>Departure Time(s)</th>
<th># of Days</th>
<th>Pier/Port of Berth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- **Check Box if additional sheet(s) is attached**

**Attach the following:**

- Photograph of the vessel on 8-1/2”x11” paper.
- Floor Plan of the vessel and Deck Plans showing proposed liquor outlets, dance floors, and so forth.
- Current Financial Statement.
- Organizational documents and information. Check one (1) of the following:
  - **Sole Proprietor:** Personal History and Affidavit (LIQ-LIC-129)
  - **Partnership:** The Partnership Agreement and list of the current partners to the partnership (LIQ-LIC-104)
  - **Limited Liability Company:** The Articles of Organization and list of the current managers and current members of the company (LIQ-LIC-104)
  - **Corporation:** The Articles of Incorporation and list of current officers, current directors, and current stockholders of 25% or more of the outstanding capital stock of the corporation (LIQ-LIC-103)
  - **Entity is not mentioned above:** provide the Organizational document(s) and list of the current principals of the entity (LIQ-LIC-103)
- Payment of License Fee ($90.00 per day) – 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).

**SIGNATURE** Vessel Owner / Authorized Agent ______________________

**DATE** ______________________

**PRINT** Vessel Owner / Authorized Agent ______________________

**TITLE** ______________________

**Investigator’s Report/Opinion:**

**INVESTIGATOR’S Report Generated & Reviewed:** ______________________

**Date:** ______________________

Reviewed by **SUPERVISING INVESTIGATOR:** ______________________

**Date:** ______________________

**ADMINISTRATOR Approved / Denied:** ______________________

**Date:** ______________________

**LCIS Entry - HLC STAFF Initial:** ______________________

**Date:** ______________________

**Rev. 03/11/20**
PERSONAL HISTORY AND AFFIDAVIT
Rule 3-83-53.1

NAME ___________________________ SOCIAL SECURITY NO. ___________________________

HOME ADDRESS ___________________________ APT. NO. _______

HOME TELEPHONE NOS.: ___________________________

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 ___________________________

(NO. OF YEARS COMPLETED IN COLLEGE _______ YEAR COMPLETED _______ NAME OF COLLEGE ___________________________

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 TO MONTH/YEAR MONTH/YEAR POSITION EMPLOYER LOCATION

(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

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 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):

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.)

<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>
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</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.

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

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.)

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:

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

Rev. 08/22/18
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></td>
<td>Notes Payable (Itemize)</td>
<td></td>
</tr>
<tr>
<td>Cash in following Banks:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accounts Payable</td>
<td></td>
</tr>
<tr>
<td>Notes Receivable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merchandise Inventory</td>
<td></td>
<td>Other Current Liabilities (Itemize)</td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, Investments (Itemize)</td>
<td></td>
<td>Mortgages or Liens on Real Estate (Itemize)</td>
<td></td>
</tr>
<tr>
<td>Real Estate (Itemize)</td>
<td></td>
<td>All Other Liabilities (Itemize)</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reserves - (Itemize)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and Fixtures</td>
<td></td>
<td>FOR CORPORATION &amp; LLC ONLY</td>
<td></td>
</tr>
<tr>
<td>Machinery and Equipment</td>
<td></td>
<td>CAPITAL STOCK:</td>
<td></td>
</tr>
<tr>
<td>Automobiles and Trucks</td>
<td></td>
<td>Preferred - Outstanding</td>
<td></td>
</tr>
<tr>
<td>Other Assets (Itemize)</td>
<td></td>
<td>Common - Outstanding</td>
<td></td>
</tr>
<tr>
<td>SURPLUS AND UNDIVIDED PROFITS</td>
<td></td>
<td>Net Worth (If unincorporated)</td>
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</tr>
<tr>
<td></td>
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<td>TOTAL</td>
<td></td>
</tr>
<tr>
<td>FOR INDIVIDUAL ONLY</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Worth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>Total Liabilities and Net Worth</td>
<td></td>
</tr>
</tbody>
</table>

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>
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LIQ-LIC-138  Page 1 of 2  Rev. 08/28/18
STOCKS, BONDS, AND INVESTMENTS issued to

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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: ______________________________________________

LIQ-LIC-138  Page 2 of 2  Rev. 08/28/18