

**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

**Transient Vessel Liquor License Application
CHECKLIST**

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

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	HLC Initial
<input type="checkbox"/> Amount Due: \$90.00 per day We accept Cash, Cashier's Check, Money Order, Licensee/Attorney Business Check payable to: <i>City & County of Honolulu</i> , or Discover/MasterCard/VISA (plus an applicable service fee).		
<input type="checkbox"/> Notification of Authorized Agent (if applicable) <input type="checkbox"/> If application made by Agent, provide document establishing Agent's relation to the Vessel Owner	LIQ-LIC-106	
<input type="checkbox"/> Completed and Notarized Liquor License Application	LIQ-LIC-101	
<input type="checkbox"/> Supplemental Information for Transient Vessel	LIQ-LIC-141	
<input type="checkbox"/> Organizational Documents Sole Proprietor: Personal History and Affidavit <u>or</u> Corporation: Articles of Incorporation and List of Current Officers/Directors/Stockholders with 25% or more interest <u>or</u> Partnership: Partnership Agreement and List of Current Partners <u>or</u> Limited Liability Company: Articles of Organization and List of Current Managers/Members <u>or</u> If entity not above, provide Organizational Document and List of Current Principals	LIQ-LIC-129 or LIQ-LIC-104 or LIQ-LIC-104 or LIQ-LIC-103	
<input type="checkbox"/> Financial Statement (not over 1 year old)	LIQ-LIC-138	
<input type="checkbox"/> Photograph of the vessel (on 8-1/2"x11" paper)		
<input type="checkbox"/> Deck Plans showing the proposed liquor outlets, dance floors, etc. (on 8-1/2"x11" paper)		

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

For questions about forms, please email: 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
Liquor License # (if existing): _____		<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 st 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

17. Notary Initial: _____

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

19. APPLICANT INFORMATION (Check One)

<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR Enter Applicant's Resident Address:	<input type="checkbox"/> Applicant is 21 years of age or older
<input type="checkbox"/> CORPORATION ONLY • 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"/> PARTNERSHIP OR LLC • Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)	<input type="checkbox"/> Partners are 21 years of age or older
<input type="checkbox"/> UNINCORPORATED ASSOCIATION • Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)	<input type="checkbox"/> Individuals are 21 years of age or older
<input type="checkbox"/> NON-PROFIT ENTITY • 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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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.)

Applicant's Name: _____ Date: _____

Applicant Contact Name: _____ Title: _____

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

Vessel Operator: _____ Name of Vessel Owner: _____

Name of Vessel/Boat: _____

Name of the City and State, or Country of the vessel's titled owner: _____

Arrival Date(s)	Arrival Time(s)	Departure Date(s)	Departure Time(s)	# of Days	Pier/Port of Berth

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

For HLC Office Use Only

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: _____

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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.)**

<input type="checkbox"/> Add	<input type="checkbox"/> 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"/>	_____	_____	_____	_____

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

Change to existing Members/Managers/Partners:

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

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

EXPLANATION OF ASSETS AND LIABILITIES

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

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

