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

New Liquor License Application
Tour or Cruise Vessel
CHECKLIST

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	HLC Initial
❑ Application fees will be collected upon submittal of a completed application packet. We accept Cash, Cashier's Check, Money Order, Licensee/Attorney Business Check payable to: *City & County of Honolulu*, or Discover/MasterCard/VISA (plus an applicable service fee). New License Application fee: $375.00 Please note the application fee is non-refundable.		
❑ Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
❑ Completed and Notarized Liquor License Application	LIQ-LIC-101	
❑ Corporation: Articles of Incorporation **or** Partnership: Partnership Agreement **or** LLC: Articles of Organization **AND** Operating Agreement	LIQ-LIC-103 LIQ-LIC-104 LIQ-LIC-104	
❑ Certificate of Good Standing (not over 60 days old) for Corporation/Partnership/LLC. Request online using the following DCCA website: http://cca.hawaii.gov/breg/		
❑ Certificate of Trade Name (T-1) ***or*** Assignment of Trade Name (T-4) of vessel Perform an internet search for T-1 **or** T-4 form (If dba/trade name is not a Corporate or LLC Name)	Form T-1 ***or*** Form T-4	
❑ Financial Statement (not over 1 year old)	LIQ-LIC-138	
❑ Verification of funds Provide Original verification letter from bank, copy(s) of bank statements or loan documentation (not over 1 year old).		
❑ 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	
❑ 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 ***Fieldprint*** fingerprinting services.	LIQ-LIC-132 Fingerprinting Services	
❑ 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-premises consumption. (Sanitation Branch Phone: (808)586-8000, Address: 99-945 Halawa Valley St.)* ❑ 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".		
❑ Copy of Mooring Agreement		
❑ 4"x 6" Photo or larger of the Vessel Mounted or Printed on 8-1/2"x11" paper		
❑ U.S. Coast Guard Certificate of Inspection		

Note: Any application that is inaccurate or incomplete will be returned.
For questions about forms, please email: **liq-licensing@honolulu.gov**

Reserved for Office Use (Date/Time Stamp)

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NOTIFICATION OF AUTHORIZED AGENT

(Rule 3-81-19.3)

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

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

Authorized Agent Name:_____ Title: _____

Company Name: _____

Mailing Address: _____

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

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

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

_____ _____
SIGNATURE Authorized Agent Date

_____
PRINT Authorized Agent

License Number(s) for existing licensees:_____

Licensee/Applicant:_____

Licensee/Applicant
Contact Name: _____ Title:_____

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

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

_____ _____
SIGNATURE Licensee (Owner) Date

_____
PRINT Licensee (Owner)

For HLC Office Use Only

LCIS ENTRY DATE: _____ HLC STAFF INITIAL:_____

OFFICE USE (Date/Time Stamp)

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

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APPLICATION FOR
LIQUOR LICENSE

1. APPLICATION TYPE *(Check One Only)*

❑ New
❑ [Stand-Alone] Temporary

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

❑ Transfer
❑ Temporary

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

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

Start_____End_____

Liquor License # (if existing): _____

APPLICATION INFORMATION

2. Classification:	3. Kind:	4. Category:	5. 1st Event Date (For Catering / Specials / Transient Vessel):
6. FEIN:	7. State GE Tax #:	8. DCCA File #:	
9. Business Name:	10. Trade Name / DBA:		
11. Business Mailing Address:			
12. Business Phone #: ( ) -	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*)

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

20. CONDITIONS OF APPLICATION

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

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

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

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

_____
Applicant Signature

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

22. Notary Initial: _____

STATE OF HAWAII
City and County of Honolulu } SS.

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

_____

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

Subscribed and sworn to before me this:

_____ day of_____, 20 _____

_____
Signature of Notary

Print Name: _____
Notary Public, State of Hawaii

My commission expires _____

(Place Notary Stamp or Seal here)

NOTARY CERTIFICATION

Date of Doc:_____ # of Pages: _____

Notary Name:_____Circuit Doc.

Description: _____

_____

_____

_____ _____
Notary Signature *Date*

(Place Notary Stamp or Seal here)

Reserved for Office Use (Date/Time Stamp)

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

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

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

Licensee Name: _____

Doing Business As (DBA): _____

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

Premises Address: _____

_____

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

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

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

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

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

_____ _____
SIGNATURE Licensee (Owner)/Authorized Agent DATE

_____
PRINT Licensee (Owner)/Authorized Agent

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

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

For HLC Office Use Only

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____

Reserved for Office Use (Date/Time Stamp)

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

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

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

Licensee Name: _____

Doing Business As (DBA): _____

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

Premises Address: _____

_____

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

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

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

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

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

Change to existing Members/Managers/Partners:

Name	Change From	Change To

_____ _____
SIGNATURE Licensee (Owner) / Authorized Agent DATE

_____
PRINT Licensee (Owner) / Authorized Agent

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

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

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FINANCIAL STATEMENT

Supplement to Application for Liquor License

Rule 3-83.53.1

NAME OF APPLICANT _____ ❑ CORPORATION ❑ LLC ❑ INDIVIDUAL

DOING BUSINESS AS _____

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

FINANCIAL CONDITION AS OF _____ 20_____

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

EXPLANATION OF ASSETS AND LIABILITIES

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

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

STOCKS, BONDS, AND INVESTMENTS issued to _____

DESCRIPTIONS	FACE VALUE		ACTUAL VALUE	

EXPLANATION OF OTHER ASSETS AND/OR LIABILITIES:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____
(Applicant)

Print Name: _____

Date: _____

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

Application No.: _____

Date: _____

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PERSONAL HISTORY AND AFFIDAVIT

Rule 3-83-53.1

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

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

TELEPHONE NOS.:
HOME (_____) _____

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

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

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

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

OTHER EDUCATION _____

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

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

FROM MONTH/YEAR	TO MONTH/YEAR	POSITION	EMPLOYER	LOCATION

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

NOTARY INITIAL:_____

List your experience in the liquor industry: _____

_____

_____

_____

_____

_____

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

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

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

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

_____
Signature

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

FOR NOTARY USE ONLY

STATE OF HAWAII
City and County of Honolulu } SS.

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

_____
Signature of applicant(s) before Notary

Subscribed and sworn to before me this:

_____day of _____ , 20_____

_____
Signature of Notary

Print Name:_____
Notary Public, State of Hawaii

My commission expires _____

(Place Notary Stamp or Seal here)

NOTARY CERTIFICATION

Date of Doc:_____ # of Pages: _____

Notary Name:_____ _____Circuit

Doc. Description:_____

_____

_____ _____
Notary Signature *Date*

(Place Notary Stamp or Seal here)

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FINGERPRINTING SERVICES FOR THE HONOLULU LIQUOR COMMISSION

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

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

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

Instructions to schedule a fingerprint appointment:

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

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CONFIDENTIAL

REQUEST FOR A CRIMINAL HISTORY RECORD CLEARANCE FOR LIQUOR LICENSE

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

PART I – APPLICANT DATA:

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

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

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

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

Business Name: _____ Trade Name/DBA: _____

Place of Birth: _____ Citizenship: _____

PART II – DISCLOSURE OF CRIMINAL HISTORY:

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

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

_____

_____

_____

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

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

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

Applicant's Signature: _____ Date: _____

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

HCJDC Administrator: _____ Date: _____

FBI PRIVACY ACT STATEMENT

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

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

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

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

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