# New Liquor License Application
## Tour or Cruise Vessel
### CHECKLIST

<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>☐ Application fees will be collected upon submittal of a completed application packet. We accept Cash, Cashier’s Check,</td>
<td></td>
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</tr>
<tr>
<td>Money Order, Licensee/Attorney Business Check payable to: City &amp; County of Honolulu, or Discover/MasterCard/VISA (plus an</td>
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<tr>
<td>applicable service fee). New License Application fee: $375.00 Please note the application fee is non-refundable.</td>
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<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: Articles of Incorporation or Partnership: Partnership Agreement or</td>
<td>LIQ-LIC-103</td>
<td></td>
</tr>
<tr>
<td>LLC: Articles of Organization AND Operating Agreement</td>
<td>LIQ-LIC-104</td>
<td></td>
</tr>
<tr>
<td>☐ Certificate of Good Standing (not over 60 days old)</td>
<td>LIQ-LIC-104</td>
<td></td>
</tr>
<tr>
<td>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></td>
<td></td>
</tr>
<tr>
<td>☐ Certificate of Trade Name (T-1) or Assignment of Trade Name (T-4) of vessel</td>
<td>Form T-1</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>Form T-4</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>Provide Original verification letter from bank, copy(s) of bank statements or loan documentation (not over 1 year old).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Personal History &amp; Affidavit</td>
<td>LIQ-LIC-129</td>
<td></td>
</tr>
<tr>
<td>Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) &amp; Member(s) of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager-Managed LLC, Partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Criminal History Record Clearance (Fingerprinting)</td>
<td>LIQ-LIC-132</td>
<td></td>
</tr>
<tr>
<td>Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) &amp; Member(s) of</td>
<td>LIQ-LIC-147</td>
<td></td>
</tr>
<tr>
<td>Manager-Managed LLC, Partners Review instructions for submitting a Fingerprint Card. Payment required at or prior to</td>
<td></td>
<td></td>
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<tr>
<td>fingerprint appointment.</td>
<td></td>
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<tr>
<td>☐ Floor Plan Drawn to Scale – Must include the proposed area to be licensed outlined in “red”. Must have Hawaii State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dept. of Health stamp for on premises consumption. (Sanitation Branch Phone: (808)586-8000, Address: 99-945 Halawa Valley</td>
<td></td>
<td></td>
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<tr>
<td>St.)</td>
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</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</td>
<td></td>
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<tr>
<td>“red”.</td>
<td></td>
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<tr>
<td>☐ Copy of Mooring Agreement</td>
<td></td>
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</tr>
<tr>
<td>☐ 4”x 6” Photo or larger of the Vessel Mounted or Printed on 8-1/2”x11” paper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ U.S. Coast Guard Certificate of Inspection</td>
<td></td>
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</tbody>
</table>

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

For questions about forms, please email: liq-licensing@honolulu.gov

004 Tour or Cruise Vessel New 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: __________________________

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: ________________
**APPLICATION FOR LIQUOR LICENSE**

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

   Liquor License # (if existing): ____________________________

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2. **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 #: ( ) - 
   - 13. Primary Contact Mailing Address: 
   - 14. Primary Contact (Full Name): 
   - 15. Premises Physical Address: 
   - 15. 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: ____________________________

**LIQ-LIC-101**

Page 1 of 3

Rev. 07/17/20
19. APPLICANT INFORMATION (Check One)

☐ INDIVIDUAL OR SOLE PROPRIETOR
Enter Applicant’s Resident Address:

☐ CORPORATION ONLY
● Form LIQ-LIC-103 (Add/Delete Officers/Directors)
  (Includes shareholders owning twenty-five percent (25%) or more of business)

☐ PARTNERSHIP OR LLC
● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)

☐ UNINCORPORATED ASSOCIATION
● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)

☐ 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)
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>Add</th>
<th>Remove</th>
<th>Name</th>
<th>Title</th>
<th># of Shares</th>
<th>% of Ownership</th>
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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):

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

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.)

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>
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</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: ________________
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>LIABILITY</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>
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<tr>
<td></td>
<td></td>
<td>Accounts Payable</td>
<td></td>
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<tr>
<td>Notes Receivable</td>
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<td></td>
<td></td>
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<tr>
<td>Accounts Receivable</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>TOTAL LIABILITIES</td>
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<tr>
<td>Reserves - (Itemize)</td>
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<tr>
<td>Furniture and Fixtures</td>
<td></td>
<td>FOR CORPORATION &amp; LLC ONLY</td>
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</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>
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</tr>
<tr>
<td>Other Assets (Itemize)</td>
<td></td>
<td>Common - Outstanding</td>
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<td></td>
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<td>SURPLUS AND UNDIVIDED PROFITS</td>
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<td></td>
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<td>Net Worth (if unincorporated)</td>
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<td>TOTAL</td>
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<td>FOR INDIVIDUAL ONLY</td>
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<tr>
<td></td>
<td></td>
<td>Total Liabilities</td>
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<td></td>
<td></td>
<td>Net Worth</td>
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<td></td>
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<td>TOTAL</td>
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<tr>
<td></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>
<th>TOTAL VALUE</th>
<th>INCUMBRANCE</th>
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LIQ-LIC-138  Page 1 of 2  Rev. 08/28/18
STOCKS, BONDS, AND INVESTMENTS issued to

<table>
<thead>
<tr>
<th>DESCRIPTIONS</th>
<th>FACE VALUE</th>
<th>ACTUAL VALUE</th>
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</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. ______

HOME TELEPHONE NOS.: ____________________________

HOME (______)

CITY ___________________________ STATE ____________ ZIP CODE ____________ BUS. (______)

PLACE OF BIRTH ___________________________ DATE OF BIRTH (MM / DD / YYYY)

(City, State) (City, State)

NO. OF YEARS YEAR NAME OF SCHOOL ______________________________________

COMPLETED IN HIGH SCHOOL ________ COMPLETED ________ (include City and State)

NO. OF YEARS YEAR NAME OF COLLEGE ______________________________________

COMPLETED IN COLLEGE ________ COMPLETED ________ (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 TO MONTH/YEAR MONTH/YEAR POSITION EMPLOYER LOCATION

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

(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

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

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)
FINGERPRINTING SERVICES FOR THE HONOLULU LIQUOR COMMISSION  
(Effective June 1, 2020)

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.