

**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**Special Liquor License by For Profit Organizations  
CHECKLIST**

**Up to three (3) event days per application.**

**Application(s) must be submitted at least six (6) weeks prior to the earliest proposed event date.**

<b>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</b>	<b>Form Number</b>	<b>HLC Initial</b>
<input type="checkbox"/> <u>Amount Due by Category:</u> General: \$90.00 per day      Beer & Wine: \$60.00 per day      Beer: \$45.00 per day We accept Cash, Cashier's Check or Money Order, Licensee/Attorney Business Check payable to: <i>City &amp; County of Honolulu</i> , or Discover/MasterCard/VISA (plus an applicable service fee).		
<input type="checkbox"/> Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
<input type="checkbox"/> Completed and Notarized Liquor License Application	LIQ-LIC-101	
<input type="checkbox"/> Corporation or Club: Articles of Incorporation <b>or</b> Partnership: Partnership Agreement <b>or</b> LLC: Articles of Organization <b>AND</b> Operating Agreement	LIQ-LIC-103 LIQ-LIC-104 LIQ-LIC-104	
<input type="checkbox"/> Supplemental Information for Special Liquor License Application	LIQ-LIC-143	
<input type="checkbox"/> Certificate of Good Standing (not over 60 days old) for Corporation/Partnership/LLC. Request online using the following DCCA website: <a href="http://cca.hawaii.gov/breg/">http://cca.hawaii.gov/breg/</a>		
<input type="checkbox"/> Certificate of Trade Name (T-1) <b>or</b> Assignment of Trade Name (T-4) 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 <b>or</b> Form T-4	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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 <b>Fieldprint</b> fingerprinting services.	LIQ-LIC-132 Fingerprinting Services	
<input type="checkbox"/> Temporary Reduction of Licensed Premises – required only if an event is held at an establishment (e.g. Hotel, Golf Course, Club, Restaurant) that has an active liquor license. Form to be completed by the liquor license holder.	LIQ-LIC-158	
<input type="checkbox"/> Drawing of Floor Plan with Dimensions and location of bar(s), restrooms, dance floor, stage and seating (no scale required). Must include the proposed area to be licensed outlined in "red".		
<input type="checkbox"/> Landlord Authorization for Sale and Service of Liquor (form must be submitted with an original signature) <input type="checkbox"/> Provide copy of Street Use Permit Application and <b>copy of Street Use Permit Approval when received</b>	LIQ-LIC-142	
<input type="checkbox"/> Zoning Clearance – Dept. of Planning & Permitting (808)768-8000 <b>or</b> Dept. of Hawaiian Homelands (808)620-9590 <input type="checkbox"/> If your business is located in the Kakaako/Kalaeloa Area, obtain Zoning Approval from HCDA (Hawaii Community Development Authority): (808)594-0300 Complete the HCDA Request for Zoning Clearance form <a href="http://dbedt.hawaii.gov/hcda/permits/">http://dbedt.hawaii.gov/hcda/permits/</a> (Application can be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance.) <input type="checkbox"/> If your business is located at Aloha Tower, obtain Zoning Approval from Aloha Tower Development Corporation: 79 S Nimitz Highway, Honolulu, Hawaii 96813 (808)587-3651	LIQ-LIC-122  LIQ-LIC-144 Statement of Affirmation (optional)	
<input type="checkbox"/> Original Certified Return Receipt of Neighborhood Board Notification (postcard mailed back to the sender as confirmation of receipt) Letter is sent directly to the Chair of the Neighborhood Board indicating place of business.  <i>For information regarding your Neighborhood Board, contact:</i> Neighborhood Commission Office <a href="http://www.honolulu.gov/nco/">http://www.honolulu.gov/nco/</a> Kapalama Hale, 925 Dillingham Boulevard, Suite 160, Honolulu, HI 96817 Phone: (808)768-3710 Email: <a href="mailto:nco@honolulu.gov">nco@honolulu.gov</a>	See Rule 3-83-53.1 (3)(v)	

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



**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](mailto:liq-licensing@honolulu.gov)  
 INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**APPLICATION FOR**  
**LIQUOR LICENSE**

<b>DO NOT FILL IN THIS SPACE</b>	
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
<b>Liquor License # (if existing):</b> _____		<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 <sup>st</sup> 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 \_\_\_\_\_

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

**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**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.)**

<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"/>	_____	_____	_____	_____
<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: \_\_\_\_\_

**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**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: \_\_\_\_\_

**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**SUPPLEMENTAL INFORMATION FOR  
SPECIAL & CATERING LIQUOR LICENSE APPLICATION**

**For Special License:**

*Up to three (3) event days per application. Application(s) must be submitted a minimum of six (6) weeks prior to event.*

**For Catering License:**

*For Restaurant and Hotel Licensees only. Application must be submitted a minimum of three (3) weeks prior to event.*

Today's Date: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Liquor License #: \_\_\_\_\_

Licensee Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Caterer Only:** Name of Registered Manager on Duty at Event: \_\_\_\_\_

Manager on Duty Phone: \_\_\_\_\_ Manager on Duty Email: \_\_\_\_\_

Start Date & Time (include set-up time): \_\_\_\_\_ End Date & Time (include clean-up time): \_\_\_\_\_

Description of Event: \_\_\_\_\_

Name of Event Promoter: \_\_\_\_\_

Event Coordinator Phone: \_\_\_\_\_ Event Coordinator Email: \_\_\_\_\_

Reason for applying for the Special or Catering License: \_\_\_\_\_

Type of license exercised on previous occasions, if any; number of times approved; when, where and whether or not license was exercised without incident. \_\_\_\_\_

How will liquor be dispensed?

Host    No-Host

**Regarding Drinks:**

a. Type of drinks to be served (including soft drinks): \_\_\_\_\_

b. Type of payment (cash or script): \_\_\_\_\_

c. Type of serving container (disposable cup, glass, etc.): \_\_\_\_\_

d. Who and how many people will be dispensing the liquor? (applicant's employees, other people?): \_\_\_\_\_

Attach list of names and titles of people dispensing liquor.

**Attendance & Admission:**

Approximate number of people expected to attend event: \_\_\_\_\_ Will anyone under 21 years of age attend? \_\_\_\_\_

Check One:  Event Open to Public  By Invitation Only

Will there be an admission charge? \_\_\_\_\_ If yes, what is the admission ticket price? \_\_\_\_\_

Tickets will be sold  In Advance  At the Door

**Entertainment:**

a. Describe type of entertainment (live or recorded): \_\_\_\_\_

b. Name of Group performing: \_\_\_\_\_

c. Number of Performers: \_\_\_\_\_

Attach list of names, ages and parental approval documents for all performers under 18 years of age.

d. Describe where on the premises the entertainment will take place: \_\_\_\_\_

e. Hours of entertainment, provide start and end times: \_\_\_\_\_

**Security will be provided by:**

a. Name of Agency: \_\_\_\_\_

b. Number of Security Personnel: \_\_\_\_\_

c. Other Security Information: \_\_\_\_\_

**For Catering License Only:**

Will wholesale liquor be delivered to the catered site?  Yes  No

Who is hiring applicant to cater food and liquor? \_\_\_\_\_

Name of Outside Promoter (if any): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Licensee (Owner) / Authorized Agent

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT Licensee (Owner) / Authorized Agent

\_\_\_\_\_  
TITLE

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

***For HLC Office Use Only***

Effective Date/Time

START: \_\_\_\_\_ a.m. / p.m.

Approved  Denied  Referred

END: \_\_\_\_\_ a.m. / p.m.

HLC STAFF INITIAL: \_\_\_\_\_

\_\_\_\_\_  
*Franklin "Don" Pacarro, Jr.*  
*Administrator*

\_\_\_\_\_  
*Date*

LCIS ENTRY DATE: \_\_\_\_\_





**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

## **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](mailto: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.

## **C O N F I D E N T I A L**

### **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).

**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**REQUEST FOR APPROVAL OF TEMPORARY  
REDUCTION OF LICENSED PREMISES**

HRS §281-62; Rule §3-83-62

*This form must be submitted at least fifteen (15) business days prior to the proposed event date.*

Liquor License #: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Trade Name / DBA: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Licensee Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bus. #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Temporary Reduction (e.g. special event, trade show, etc.): \_\_\_\_\_  
\_\_\_\_\_

Temporary Reduction Start Date & Time: \_\_\_\_\_ End Date & Time: \_\_\_\_\_

Description of contiguous Temporarily Reduced area (e.g. location, dimensions of area, name of ballroom, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**Attach an existing Floor Plan (8-1/2" x 11" or larger) of the licensed premises and outline the proposed reduced area in red.**

The licensee acknowledges the following:

HRS §281-78 Prohibitions.

- (b) At no time under any circumstances shall any licensee or its employee:
  - (2) Permit any liquor to be consumed on the premises of the licensee or on any premises connected therewith, whether there purchased or not, except as permitted by the terms of its license;

\_\_\_\_\_  
SIGNATURE Licensee / Authorized Agent

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT Licensee / 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: \_\_\_\_\_

**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**LANDLORD AUTHORIZATION  
FOR SALE AND SERVICE OF LIQUOR**

Rule 3-83-53.1

Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Landlord Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bus. #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AUTHORIZE:**

Applicant Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

to sell and serve liquor at \_\_\_\_\_  
Address

Date(s) of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Furthermore, I authorize Honolulu Liquor Commission Investigators to inspect the property as required for the sale and service of liquor.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Landlord

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME Landlord

\_\_\_\_\_  
TITLE

*For HLC Office Use Only*

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_

## REQUEST FOR ZONING CLEARANCE

Rule 3-83-53.1(a)(2)

The Liquor Commission requires a zoning clearance for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Department of Planning & Permitting (DPP). There is a **\$150.00 filing fee**. Cash or check payable to: City & County of Honolulu. After obtaining a clearance from DPP, you must return to the Liquor Commission with this original document.

To: City & County of Honolulu, Department of Planning & Permitting 650 S. King St., 1<sup>st</sup> Floor, Honolulu, HI., 96813

**Applicant to complete information in this block only.**

**Do not cross out or erase information. If corrections are necessary, please complete a new form.**

1. Name of Applicant: \_\_\_\_\_  
Trade Name (DBA): \_\_\_\_\_
2. Applicant's Mailing Address: \_\_\_\_\_
3. Phone No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_
4. Site (business) Address: \_\_\_\_\_
5. Tax Map Key (TMK) of site: \_\_\_\_\_
6. This is a:  New Application  Transfer Application  Re-Classification  Extension of Premises  
 Change of Location  90-day Trial Period for Entertainment  Outside Warehouse
7. For new applications, changes of location, or as requested for any applications by the DPP, attach a copy of the floor plans, including a location map and description of where business is situated within the building.
8. Type of business intended at site: \_\_\_\_\_
9. Other business on TMK parcel:  Yes  No  
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.): \_\_\_\_\_
10. Class/Category of Liquor License applied for: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Licensee (Owner)/Authorized Agent

\_\_\_\_\_  
PRINT Licensee (Owner)/Authorized Agent

\_\_\_\_\_  
Date

**FOR DEPARTMENT OF PLANNING & PERMITTING USE ONLY:**

Zoning District: \_\_\_\_\_

- Use is NOT PERMITTED  
 Use is PERMITTED  
 Use is PERMITTED WITH CONDITIONS

**The applicant is hereby notified that zoning clearances may require up to three weeks of research by the Department of Planning & Permitting (DPP). Approval by the DPP does NOT constitute liquor license approval or approval of any required building permits.**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Department of Planning & Permitting

\_\_\_\_\_  
DATE

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • FAX (808) 768-7311  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**STATEMENT OF AFFIRMATION  
(Special Liquor License - Zoning Clearance)**

Date: \_\_\_\_\_

Applicant Trade Name/DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I've submitted for Zoning Clearance to the Dept. of Planning & Permitting on \_\_\_\_\_  
Date

I will provide approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

\_\_\_\_\_  
SIGNATURE Applicant Date

\_\_\_\_\_  
PRINT Applicant Title

-----  
OFFICE USE:

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • FAX (808) 768-7311  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**STATEMENT OF AFFIRMATION  
(Voter List & Zoning Clearance)**

New Liquor License Application       Transfer Liquor License Application

Date: \_\_\_\_\_

Applicant Trade Name/DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I've submitted a request for a Voters List to the Office of the City Clerk on \_\_\_\_\_  
Date

I've submitted for Zoning Clearance to the Dept. of Planning & Permitting or HCDA (Hawaii Community Development Authority) if licensed premises is located in the Kakaako or Kalaeloia area. \_\_\_\_\_  
Date

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

\_\_\_\_\_  
SIGNATURE Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Applicant

\_\_\_\_\_  
Title

-----  
OFFICE USE:

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_