**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.**

<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><strong>Amount Due by Category:</strong></td>
<td></td>
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<tr>
<td>General: $90.00 per day</td>
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<tr>
<td>Beer &amp; Wine: $60.00 per day</td>
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<tr>
<td>Beer: $45.00 per day</td>
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<tr>
<td>We accept Cash, Cashier’s Check or Money Order, Licensee/Attorney Business Check</td>
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<tr>
<td>payable to: City &amp; County of Honolulu,</td>
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<tr>
<td>or Discover/MasterCard/VISA (plus an applicable service fee).</td>
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<tr>
<td><strong>Notification of Authorized Agent (if applicable)</strong></td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td><strong>Completed and Notarized Liquor License Application</strong></td>
<td>LIQ-LIC-101</td>
<td></td>
</tr>
<tr>
<td><strong>Corporation or Club: Articles of Incorporation OR</strong></td>
<td>LIQ-LIC-103</td>
<td></td>
</tr>
<tr>
<td><strong>Partnership: Partnership Agreement OR</strong></td>
<td>LIQ-LIC-104</td>
<td></td>
</tr>
<tr>
<td><strong>LLC: Articles of Organization AND Operating Agreement</strong></td>
<td>LIQ-LIC-104</td>
<td></td>
</tr>
<tr>
<td><strong>Supplemental Information for Special Liquor License Application</strong></td>
<td>LIQ-LIC-143</td>
<td></td>
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<tr>
<td><strong>Certificate of Good Standing (not over 60 days old)</strong></td>
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<tr>
<td>for Corporation/Partnership/LLC.</td>
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<tr>
<td>Request online using the following DCCA website: <a href="http://cca.hawaii.gov/breg/">http://cca.hawaii.gov/breg/</a></td>
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<tr>
<td><strong>Certificate of Trade Name (T-1) or Assignment of Trade Name (T-4)</strong></td>
<td>Form T-1 or Form T-4</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></td>
<td></td>
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<tr>
<td><strong>Personal History &amp; Affidavit</strong></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 Manager-Managed LLC, Partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Criminal History Record Clearance (Fingerprinting)</strong></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 Manager-Managed LLC, Partners</td>
<td>LIQ-LIC-147</td>
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<tr>
<td>Review instructions for submitting a Fingerprint Card.</td>
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<td>Payment is required at or prior to fingerprint appointment.</td>
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<tr>
<td><strong>Temporary Reduction of Licensed Premises</strong></td>
<td>LIQ-LIC-158</td>
<td></td>
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<tr>
<td>– 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.</td>
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</tr>
<tr>
<td><strong>Drawing of Floor Plan with Dimensions and location of bar(s), restrooms, dance floor, stage and seating</strong></td>
<td></td>
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<tr>
<td>(no scale required). Must include the proposed area to be licensed outlined in &quot;red&quot;.</td>
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</tr>
<tr>
<td><strong>Landlord Authorization for Sale and Service of Liquor</strong></td>
<td>LIQ-LIC-142</td>
<td></td>
</tr>
<tr>
<td>(form must be submitted with an original signature)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Provide copy of Street Use Permit Application and copy of Street Use Permit Approval when received</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Zoning Clearance – Dept. of Planning &amp; Permitting (808)768-8000 OR</strong></td>
<td>LIQ-LIC-122</td>
<td></td>
</tr>
<tr>
<td>Dept. of Hawaiian Homelands (808)620-9590</td>
<td>LIQ-LIC-144</td>
<td></td>
</tr>
<tr>
<td><strong>If your business is located in the Kakaaoko/Kalaeloa Area, obtain Zoning Approval from HCDA (Hawaii Community Development Authority): (808)594-0300</strong></td>
<td></td>
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</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>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</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Original Certified Return Receipt of Neighborhood Board Notification</strong></td>
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<tr>
<td>(postcard mailed back to the sender as confirmation of receipt)</td>
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</tr>
<tr>
<td>Letter is sent directly to the Chair of the Neighborhood Board indicating place of business.</td>
<td></td>
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</tr>
<tr>
<td>For information regarding your Neighborhood Board, contact:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighborhood Commission Office <a href="http://www.honolulu.gov/nco/">http://www.honolulu.gov/nco/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kapalama Hale, 925 Dillingham Boulevard, Suite 180, Honolulu, HI 96817</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (808)768-3710 Email: <a href="mailto:nco@honolulu.gov">nco@honolulu.gov</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

006 Special Liquor License Application Checklist

Rev. 8/5/20
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: _______________

Rev. 04/20/2020
# APPLICATION FOR LIQUOR LICENSE

## 1. APPLICATION TYPE (Check One Only)

- [x] New
- [ ] Transfer
- [ ] Change to Existing License
- [ ] Temporary
- [ ] Catering
- [ ] Special [Non-Profit]
- [ ] Transfer
- [ ] Special (For Profit)
- [ ] Renewal of Temporary License
- [ ] Catering / Specials / Transient Vessel
- [ ] Provide copy of existing Temporary License
- [ ] Provide extension dates
- [ ] Special (For Profit)

**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:  ________________
19. APPLICANT INFORMATION (Check One)

<table>
<thead>
<tr>
<th>INDIVIDUAL OR SOLE PROPRIETOR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Applicant’s Resident Address:</td>
<td></td>
</tr>
<tr>
<td>Applicant is 21 years of age or older</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CORPORATION ONLY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Form LIQ-LIC-103 (Add/Delete Officers/Directors)</td>
<td>Total # of outstanding shares:</td>
</tr>
<tr>
<td>(Includes shareholders owning twenty-five percent (25%) or more of business)</td>
<td></td>
</tr>
<tr>
<td>Applicants are 21 years of age or older</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTNERSHIP OR LLC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)</td>
<td>Partners are 21 years of age or older</td>
</tr>
<tr>
<td>Individuals are 21 years of age or older</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>UNINCORPORATED ASSOCIATION</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)</td>
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<thead>
<tr>
<th>NON-PROFIT ENTITY</th>
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</thead>
<tbody>
<tr>
<td>Must provide proof of Non-Profit status</td>
<td></td>
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</tbody>
</table>

20. CONDITIONS OF APPLICATION

1. (Applicable to Individual Only). The undersigned individual who resides at the Applicant’s Resident address as indicated on the application is the sole owner of the business proposed to be licensed; and is not a person who has been convicted of a felony and not pardoned.

2. (Applicable to Corporation Only). The individuals indicated on the application (and attached sheet(s) if applicable) are all the officers and directors of the applicant corporation; stockholders who own twenty-five percent (25%) or more of its outstanding capital stock; and that each such officer, director, and stockholder is no less than the legal majority age and is not a person who has been convicted of a felony and not pardoned.

3. (Applicable to Partnership or LLC). The individuals indicated on the application (and attached sheets(s) if applicable) are all the members of the undersigned partnership or LLC [Manager Managed LLC’s, check manager(s)] each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and places of residence are listed.

4. (Applicable to Unincorporated Association ONLY). The individuals indicated on the application are all members of the applicant association and the full names of the officers thereof, each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and residence are listed.

5. No person other than the applicant named herein will have any interest in the business affected by this application without prior approval of such interest by the Commission.

6. No liquor license heretofore issued to applicant has been revoked within the term of two years preceding the date of this application.

7. The applicant (or if applicant is an association or corporation, the officers and directors thereof) is familiar with the provisions of the State statutes relating to intoxicating liquors and with the Rules of the Commission and gives consent for a background investigation for determining fitness prior to the issuance of a liquor license.

8. The financial statements attached hereto and made part hereof represents a full, true and correct statement of the applicant's financial condition as of the date given on the statement.

9. Prior to the issuance of license, the applicant will submit a certificate from the State Director of Taxation and Federal Internal Revenue Service showing the payment of all delinquent taxes, penalties, or interest and if liquors are to be sold for consumption on the licensed premises, a Department of Health sanitation certificate.

10. Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

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

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

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

Applicant Signature

Print Name

Position/Title

Date

22. Notary Initial: __________________________
On this ____________ day of _______________, in the year of ____________, personally appeared

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

Subscribed and sworn to before me this:

_________ day of ____________________________ , 20 ______

__________________________

Signature of Notary

Print Name: _______________________________
Notary Public, State of Hawaii

My commission expires ____________________________

(Place Notary Stamp or Seal here)

NOTARY CERTIFICATION

Date of Doc: ____________________________  # of Pages: ______________
Notary Name: ______________________________ Circuit Doc.
Description: ______________________________

__________________________

Notary Signature

(Place Notary Stamp or Seal here)
**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  

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

SIGNATURE Licensee (Owner)/Authorized Agent  
DATE ______________________

PRINT Licensee (Owner)/Authorized Agent

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

(If applying for New License or Transfer of License)

For HLC Office Use Only  
LCIS ENTRY DATE: ________________  
HLC STAFF INITIAL: ________________
ADD OR DELETE MEMBERS/MANAGERS/PARTNERS
FOR LLC, PARTNERSHIP OR UNINCORPORATED ASSOCIATION
HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

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

Licensee Name: ________________________________________________________________________________________

Doing Business As (DBA): _________________________________________________________________________________

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

Premises Address: _______________________________________________________________________________________
___________________________________________________________________________________________

Bus. #:________________ Mobile #:________________ Email: ______________________________

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

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

<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

Change to existing Members/Managers/Partners:

<table>
<thead>
<tr>
<th>Name</th>
<th>Change From</th>
<th>Change To</th>
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</thead>
<tbody>
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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:_______________
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: __________________________
LCIS ENTRY DATE: __________________________

Franklin “Don” Pacarro, Jr. Administrator __________________________ Date ______________
 PERSONAL HISTORY AND AFFIDAVIT
Rule 3-83-53.1

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First Middle Maiden</td>
<td>____________________</td>
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<tr>
<th>HOME ADDRESS</th>
<th>APT. NO.</th>
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<th>HOME TELEPHONE NOS.</th>
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<th>ZIP CODE</th>
<th>CITY</th>
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<tr>
<th>PLACE OF BIRTH</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>MARITAL STATUS</th>
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<tr>
<th>NO. OF YEARS COMPLETED IN HIGH SCHOOL</th>
<th>YEAR</th>
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<tr>
<th>NO. OF YEARS COMPLETED IN COLLEGE</th>
<th>YEAR</th>
<th>NAME OF COLLEGE</th>
<th>(include City and State)</th>
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<tr>
<th>OTHER EDUCATION</th>
<th>DATE ARRIVED IN HAWAII (if applicable)</th>
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<tr>
<th>CITIZENSHIP*</th>
<th>DATE ARRIVED IN HAWAII (if applicable)</th>
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<tr>
<td>*(If not a U.S. citizen, indicate type of Visa, or Resident Alien Card No., or Immigration Department No.)</td>
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<th>EMPLOYMENT RECORD (from the time school was completed to present):</th>
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(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.

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)

Page 2 of 2
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.
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: ___________________
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: _______________
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., 1st Floor, Honolulu, HI., 96813

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<thead>
<tr>
<th>Applicant to complete information in this block only.</th>
<th>Do not cross out or erase information. If corrections are necessary, please complete a new form.</th>
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<tbody>
<tr>
<td>1. Name of Applicant: _______________________________</td>
<td></td>
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<tr>
<td>Trade Name (DBA): __________________________________</td>
<td></td>
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<tr>
<td>2. Applicant’s Mailing Address: ______________________</td>
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<tr>
<td>3. Phone No.: ___________________ Contact Person: __________________________________</td>
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<td>4. Site (business) Address: ________________________</td>
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<tr>
<td>5. Tax Map Key (TMK) of site: _______________________</td>
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<td>6. This is a:</td>
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<tr>
<td>☐ New Application</td>
<td>☐ Transfer Application</td>
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<tr>
<td>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.</td>
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<tr>
<td>8. Type of business intended at site: __________________________</td>
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<tr>
<td>9. Other business on TMK parcel:</td>
<td>☐ Yes</td>
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<tr>
<td>10. Class/Category of Liquor License applied for: __________________________</td>
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**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

COMMENTS: ____________________________________________________________

**SIGNATURE** Department of Planning & Permitting  **DATE**

Rev. 02/25/14
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.

____________________________________ Date

SIGNATURE Applicant

____________________________________

PRINT Applicant  Title

LCIS ENTRY DATE:____________________  HLC STAFF INITIAL:____________________

OFFICE USE:
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 ________________

☐ 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 Kailaeoa area. ________________

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:____________________