

## Catering Liquor License Application CHECKLIST

***Application must be submitted at least fifteen (15) business days prior to the earliest event date.***

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	HLC Initial
<input type="checkbox"/> Amount Due: \$45.00 per day We accept Cash, Cashier's Check, 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"/> 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> Department of Transportation Services <a href="http://www.honolulu.gov/dts/">http://www.honolulu.gov/dts/</a> Frank F. Fasi Municipal Building, 650 South King Street, 2nd Floor, Honolulu, HI 96813 Phone: (808)768-8391	LIQ-LIC-142	
<input type="checkbox"/> Supplemental Information for Special or Catering Liquor License Application	LIQ-LIC-143	
<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". Include orientation (North, South, East & West).		

**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)***





**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)

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

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