# Catering Liquor License Application

**CHECKLIST**

*Application must be submitted at least fifteen (15) business days prior to the earliest 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>❑ Amount Due: $45.00 per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We accept Cash, Cashier’s Check, Money Order, Licensee/Attorney Business Check payable to: City &amp; County of Honolulu, or Discover/MasterCard/VISA (plus an applicable service fee).</td>
<td></td>
<td></td>
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<tr>
<td>❑ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td>❑ Completed and Notarized Liquor License Application</td>
<td>LIQ-LIC-101</td>
<td></td>
</tr>
<tr>
<td>❑ Landlord Authorization for Sale and Service of Liquor (form must be submitted with an original signature)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Provide copy of Street Use Permit Application and copy of Street Use Permit Approval when received</td>
<td>LIQ-LIC-142</td>
<td></td>
</tr>
<tr>
<td>Department of Transportation Services <a href="http://www.honolulu.gov/dts/">http://www.honolulu.gov/dts/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frank F. Fasi Municipal Building, 650 South King Street, 2nd Floor, Honolulu, HI 96813</td>
<td></td>
<td></td>
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<tr>
<td>Phone: (808)768-8391</td>
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<td></td>
</tr>
<tr>
<td>❑ Supplemental Information for Special or Catering Liquor License Application</td>
<td>LIQ-LIC-143</td>
<td></td>
</tr>
<tr>
<td>❑ 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 &amp; West).</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*
NOTIFICATION OF AUTHORIZED AGENT  
(Rule 3-81-19.3)

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

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

| Authorized Agent Name: ____________________ | Title: ____________________ |
| Company Name: ____________________ |
| Mailing Address: ____________________ |
| Bus. #: ____________________ | Mobile #: ____________________ | Email: ____________________ |

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

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

SIGNATURE Authorized Agent ____________________ Date ____________________

PRINT Authorized Agent ____________________

License Number(s) for existing licensees: ____________________

Licensee/Applicant: ____________________

Licensee/Applicant Contact Name: ____________________ | Title: ____________________ |
| Bus. #: ____________________ | Mobile #: ____________________ | Email: ____________________ |

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

SIGNATURE Licensee (Owner) ____________________ Date ____________________

PRINT Licensee (Owner) ____________________

For HLC Office Use Only

LCIS ENTRY DATE: _____________  HLC STAFF INITIAL: _____________
# APPLICATION FOR LIQUOR LICENSE

## 1. APPLICATION TYPE (Check One Only)

- [x] New
- [ ] Transfer
- [ ] Change to Existing License
- [ ] Temporary
- [ ] Catering
- [ ] Temporary
- [ ] Special [Non-Profit]
- [ ] Stand-Alone Temporary
- [ ] Special (For Profit)
- [ ] Renewal of Temporary License
- [ ] Provide copy of existing Temporary License
- [ ] Provide extension dates
- [ ] Start _________ End _________

### Liquor License # (if existing): ______________________

## APPLICATION INFORMATION

2. Classification: ______________________

3. Kind: ______________________

4. Category: ______________________

5. 1st Event Date (For Catering / Specials / Transient Vessel):

6. FEIN: ______________________

7. State GE Tax #: ______________________

8. DCCA File #: ______________________

9. Business Name: ______________________

10. Trade Name / DBA: ______________________

11. Business Mailing Address: ______________________

12. Business Phone #: ( ) -

   Business Fax #: ( ) -

   Business Email Address: ______________________

13. Primary Contact Mailing Address: ______________________

14. Primary Contact (Full Name): ______________________

   Primary Contact Phone #: ( ) -

   Primary Contact Email Address: ______________________

15. Premises Physical Address: ______________________

   Tax Map Key #: ______________________

## 16. FOR TRANSFER LICENSES ONLY

Signature required by current license owner to authorize license transfer

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Signature of Current License Owner: ______________________

Print Name: ______________________

Date: ______________________

INITIAL

Current License Owner must provide Gross Liquor Sales (GLS) Report and applicable payment upon license transfer

## 17. Notary Initial: ______________________

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LIQ-LIC-101
19. APPLICANT INFORMATION (Check One)

- **INDIVIDUAL OR SOLE PROPRIETOR**
  - Enter Applicant’s Resident Address:
  - Applicant is 21 years of age or older

- **CORPORATION ONLY**
  - Form LIQ-LIC-103 (Add/Delete Officers/Directors)
    - (Includes shareholders owning twenty-five percent (25%) or more of business)
  - Total # of outstanding shares:

- **PARTNERSHIP OR LLC**
  - Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)
  - Partners are 21 years of age or older

- **UNINCORPORATED ASSOCIATION**
  - Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)
  - Individuals are 21 years of age or older

- **NON-PROFIT ENTITY**
  - Must provide proof of Non-Profit status

20. CONDITIONS OF APPLICATION

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

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

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

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

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

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

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

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

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

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

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

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

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

Applicant Signature

Print Name ________________________________    Position/Title ____________________________    Date ________________________________

22. Notary Initial: ______________________
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  

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: _______________
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 __________________________