# Temporary / [Stand-Alone] Temporary Liquor License Application CHECKLIST

## Temporary:
- Used to transfer an active Liquor License to a new owner.
- Standard Temporary application must be submitted with a Transfer of Liquor License Application (form# LIQ-LIC-101) and all associated documents.

## [Stand-Alone] Temporary:
- Used on a temporary basis until the applicant receives approval for a New Liquor License.
- [Stand-Alone] Temporary application must be submitted with a New Liquor License Application (form# LIQ-LIC-101) and all associated documents.

### For both Temporary and [Stand-Alone] Temporary

**SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Form Number</th>
<th>HLC Initial</th>
</tr>
</thead>
</table>
| **Amount Due:** $420.00  
We accept Cash, Cashier’s Check, Money Order, Licensee/Attorney Business Check payable to: City & County of Honolulu, or Discover/MasterCard/VISA (plus an applicable service fee). | LIQ-LIC-101 | LIQ-LIC-101 |
| **Notification of Authorized Agent (if applicable)**                      | LIQ-LIC-106 | LIQ-LIC-106 |
| **Notarized Liquor License Application submitted with New or Transfer Application. (This is in addition to your permanent new or transfer liquor license application previously submitted.)** | LIQ-LIC-101 | LIQ-LIC-101 |
| **Landlord Authorization for Sale and Service of Liquor**                 | LIQ-LIC-142 | LIQ-LIC-142 |
| (form must be submitted with an original signature) or COPY of the proposed liquor establishment’s Lease Agreement, must indicate liquor sales/service will be conducted. If Lease Amendment/Revision to the Lease is required, submit this portion when fully executed. | | |
| **For Temporary only:**  
Must obtain authorization from the Current Licensee (in addition to the landlord) to operate on a temporary license, form# LIQ-LIC-145.  
Regular Temporary application must be submitted with a separate permanent Transfer Liquor License Application. (See Transfer Liquor License Application Check List for additional instruction) | LIQ-LIC-145 | |
| **For [Stand-Alone] Temporary only:**  
Must be submitted with a separate permanent New Liquor License Application. (See New Liquor License Application Check List for additional instruction) | | |

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

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008 Temporary / Stand Alone Temporary Liquor License Application Checklist

Rev. 12/17/19
NOTIFICATION OF AUTHORIZED AGENT
(Rule 3-81-19.3)

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

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

Authorized Agent Name: __________________________ Title: __________________________
Company Name: __________________________________________
Mailing Address: __________________________________________
Bus. #: __________________ Mobile #: __________________ Email: __________________

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

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

SIGNATURE Authorized Agent __________________________ Date __________________________

PRINT Authorized Agent __________________________

License Number(s) for existing licensees: __________________________________________
Licensee/Applicant: __________________________________________

Licensee/Applicant
Contact Name: __________________________ Title: __________________________
Bus. #: __________________ Mobile #: __________________ Email: __________________
Licensee/Applicant certifies that the above named authorized agent may act on their behalf before the Honolulu Liquor Commission. Representation is limited to one (1) year, and must be renewed annually.

SIGNATURE Licensee (Owner) __________________________ Date __________________________

PRINT Licensee (Owner) __________________________

For HLC Office Use Only

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

## 1. APPLICATION TYPE (Check One Only)

- **New**
- **[Stand-Alone] Temporary**
  - Must submit 2 original applications:
    1. New Liquor License
    2. Stand Alone Temporary Liquor License
- **Transfer**
- **Temporary**
  - Must submit 2 original applications:
    1. Transfer of Liquor License
    2. Temporary Liquor License
- **Change to Existing License**
- **Catering**
- **Special [Non-Profit]**
- **Special (For Profit)**
- **Renewal of Temporary License**
  - Provide copy of existing Temporary License
  - Provide extension dates

**Liquor License # (if existing):** ____________________________

## 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 #:

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(  ) -
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## 13. Primary Contact Mailing Address:

## 14. Primary Contact (Full Name):

## 15. Premises Physical Address:

## 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
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**INITIAL**

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

## 17. Notary Initial: ____________________________
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)
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: _______________
AUTHORIZATION
TO OPERATE ON A TEMPORARY LIQUOR LICENSE
(Supplement to Standard Temporary Liquor License Application)

Standard Temporary Liquor License: Existing active liquor license being transferred to a new owner.

Date: ________________________

Existing Licensee Name: _________________________________________ License #: ___________

Trade Name (DBA): _____________________________________________

Mailing Address:
____________________________________________
____________________________________________

Existing Licensee Contact: _______________________________________ Title: ________________

Phone: __________________ Fax:_____________________ Email: ______________________________

I AUTHORIZE:

Transferee/Applicant Name: ____________________________________________________________

Trade Name (DBA): ___________________________________________________________________

to operate on a temporary license.

________________________
SIGNATURE Existing Licensee

________________________
SIGNATURE New Licensee (Owner)

________________________
PRINT Existing Licensee

________________________
PRINT New Licensee (Owner)

________________________
HLC STAFF INITIAL:

OFFICE USE:

LCIS ENTRY DATE:__________________ HLC STAFF INITIAL:___________________