

**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

**One-Day Special [Non-Profit] Liquor License
CHECKLIST**

**Application packet must be submitted at least fifteen (15) business days prior to the earliest proposed event date.
Limited to twelve (12) event days per calendar quarter.**

Special [Non-Profit] General License Applications may require a Commission Hearing

The applicant will be contacted when the One-Day Special [Non-Profit] Liquor License is ready for pick-up.

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	HLC Initial
<input type="checkbox"/> Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
<input type="checkbox"/> Completed Liquor License Application (Notary not required)	LIQ-LIC-101	
<input type="checkbox"/> Verification of Non-Profit status <i>(i.e., Copy of IRS "Letter of Determination" validating Non-Profit status OR other governmental approved documentation stating/validating Non-Profit status)</i>		
<input type="checkbox"/> Supplemental Information for Non-Profit	LIQ-LIC-107	
<input type="checkbox"/> Statement of Understanding for Non-Profit	LIQ-LIC-107A	
<input type="checkbox"/> Landlord Authorization for Sale and Service of Liquor (form must be submitted with an original signature)		
<input type="checkbox"/> If event requires Street Closure, provide copy of Street Use Permit Application and copy of Street Use Permit Approval when received Department of Transportation Services http://www.honolulu.gov/dts/ Frank F. Fasi Municipal Building, 650 South King Street, 2nd Floor, Honolulu, HI 96813 Phone: (808)768-8391	LIQ-LIC-142	
<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"/> Description of Proposed Licensed Premises <i>(e.g., floor plan, drawing, or document clearly describing the proposed licensed premises)</i> – Floor plans or drawings must include the proposed area to be licensed outlined in "red".		
<input type="checkbox"/> If minors (under 18 years of age) will perform at the event, provide a list of each performer with full name, age, and date of birth. Also include parent consent and approval forms for each minor performer.		
<input type="checkbox"/> <i>Optional - To receive your One-Day Special License and required posters by mail, provide a self-addressed (standard #10 envelope) with First Class mail stamp.</i>		

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

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

NON-PROFIT
One-Day Special License
STATEMENT OF UNDERSTANDING

Licensee Applicant: _____

In exchange for the granting of a SPECIAL ONE-DAY license, the above-named Licensee acknowledges that:

1. The Licensee is a not-for-profit organization of which no part of the income or profit derived from the use of this special license shall be distributable to its members, directors or officers. If a third party will receive a distribution, please note if the third party is a not-for-profit entity and confirm funds will be used for the required purpose of the applicant.
2. The Licensee shall comply with the liquor laws of the State of Hawaii and the Rules of the Liquor Commission of the City and County of Honolulu [reference HRS 281-31(j)]. Additionally, the Licensee is responsible for its employees', contractors' or agents' compliance with the liquor laws of the State of Hawaii and the Rules of the Liquor Commission.
3. The Licensee is not required to register its employees or maintain time records for its employees as required by Rules 3-82-38.4 and 3-82-38.5 of the Rules of the Liquor Commission.
4. Permissible hours of operation for a Special One-Day license for the sale, service or consumption of liquor shall be from 6:00 a.m. to 12:00 midnight or as otherwise approved by the Liquor Commission.
5. Minors under the age of eighteen (18) will not be allowed to sell or serve liquor; minors under the age of twenty-one (21) will be closely supervised by a competent adult.
6. Liquor Control Investigators are authorized to enter the premises and/or function to inspect for compliance with the liquor laws of the State of Hawaii and the Rules of the Liquor Commission.
7. The Licensee will be held accountable for maintaining fiscal records of the purchase and the sale of liquor for this function or any distributions of money derived from this function or event. All fiscal records will be maintained within the State of Hawaii and these records, including but not limited to, sales records, invoices, and records of distributions of funds, shall be made available for inspection and/or auditing by the Liquor Commission Auditors upon request. Fiscal records shall be preserved for a period of not less than one year, unless so authorized by the Liquor Commission.
8. The Licensee may hire second party caterer(s) for food only (no liquor). Licensee shall submit the "Notification of Second Party Caterer" form #LIQ-LIC-117 with the One-Day Special License Application.

ACKNOWLEDGE RECEIPT AND UNDERSTANDING:

SIGNATURE Director/Authorized Agent

Date

Print Name

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.

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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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**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: _____