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.

<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>❐ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td>❐ Completed Liquor License Application (Notary not required)</td>
<td>LIQ-LIC-101</td>
<td></td>
</tr>
<tr>
<td>❐ Verification of Non-Profit status</td>
<td>LIQ-LIC-107</td>
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<tr>
<td>❐ Supplemental Information for Non-Profit</td>
<td>LIQ-LIC-107</td>
<td></td>
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<tr>
<td>❐ Statement of Understanding for Non-Profit</td>
<td>LIQ-LIC-107A</td>
<td></td>
</tr>
<tr>
<td>❐ Landlord Authorization for Sale and Service of Liquor (form must be submitted with an original signature)</td>
<td>LIQ-LIC-142</td>
<td></td>
</tr>
<tr>
<td>❐ If event requires Street Closure, provide copy of Street Use Permit Application and copy of Street Use Permit Approval when received</td>
<td>LIQ-LIC-158</td>
<td></td>
</tr>
<tr>
<td>❐ 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.</td>
<td>LIQ-LIC-142</td>
<td></td>
</tr>
<tr>
<td>❐ Description of Proposed Licensed Premises (e.g., floor plan, drawing, or document clearly describing the proposed licensed premises) – Floor plans or drawings must include the proposed area to be licensed outlined in “red”.</td>
<td>LIQ-LIC-158</td>
<td></td>
</tr>
<tr>
<td>❐ 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.</td>
<td>LIQ-LIC-158</td>
<td></td>
</tr>
<tr>
<td>❐ 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.</td>
<td>LIQ-LIC-158</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)

- 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): __________________________

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

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:

☐ CORPORATION ONLY
● Form LIQ-LIC-103 (Add/Delete Officers/Directors)
  (Includes shareholders owning twenty-five percent (25%) or more of business)

☐ PARTNERSHIP OR LLC
● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)

☐ UNINCORPORATED ASSOCIATION
● Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)

☐ NON-PROFIT ENTITY
● Must provide proof of Non-Profit status

☐ Applicant is 21 years of age or older

Total # of outstanding shares:

☐ Partners are 21 years of age or older

☐ Individuals are 21 years of age or older

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)
SUPPLEMENTAL INFORMATION FOR
NON-PROFIT SPECIAL LICENSE

Submit this form with the Application for Liquor License form# LIQ-LIC-101
Rule 3-82-32.31

NON-PROFIT FEIN NO. ______________________________

1. Name of applicant/organization: __________________________________________________________

2. Type of organization or club (check one):

☐ Athletic ☐ Political
☐ Charitable ☐ Social
☐ Educational ☐ Other (Specify): ____________________________________________________________

3. Purpose of the event:
How will this event benefit the applicant? ____________________________________________________

4. Purpose of your organization: __________________________________________________________

5. Address and location of event: __________________________________________________________
_____________________________________________________________________________________

6. The event will be held on ___________________________ Day of the Week _______________________ Month & Day _______________________ Year __________
 Hours of the Event: from _______________________ to _______________________ ______________

7. Number of persons expected to attend: ______________________

8. Will advanced tickets be sold: ☐ Yes ☐ No Cost of Tickets: $ _______________________ (each)
 How will monetary profits be distributed? ____________________________________________________

9. (If applicable) Entertainment will be provided by: __________________________________________
 Are any entertainers under 18 yrs. of age? ☐ Yes ☐ No If “yes”, please attach a list of minors, their age, birthdates, and
 parental/guardian consent giving permission for minors to entertain on the premises.
 Name of adult responsible for minors during performance on the premises: __________________________

10. Person in charge of the event:
 Print Name __________________________ Position/Title __________________________
 Will a third party be involved in operating this event? ☐ Yes ☐ No Phone #: ______________________

Consent of Landlord. The Landlord Authorization for Sale & Service of Liquor (form# LIQ-LIC-142) is required as part of the application. All applicants must abide by all liquor laws of the State of Hawaii and the Rules of the Liquor Commission of the City and County of Honolulu pertaining to a Special license:

Section 281-71. Posting of license. The Special License must be posted and exposed to view on the premises, convenient for inspection on the day of the event.

_________________________________________ __________________________
SIGNATURE Director/Authorized Agent Date

_________________________________________ __________________________
PRINT Director/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.

OFFICE USE: ☐ Approved ☐ Denied ☐ Referred

LCIS ENTRY DATE: ________________________ HLC STAFF Initial: ________________________
Franklin “Don” Pacarro, Jr. Administrator Date ________________________

One-Day Special License #: ________________________

LIQ-LIC-107 Rev. 02/03/17
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.
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:___________________
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: ________________