## Transfer of Stock

**CHECKLIST**

<table>
<thead>
<tr>
<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
<th>Form Number</th>
<th>HLC Initial</th>
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</thead>
<tbody>
<tr>
<td>Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
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<tr>
<td>Transfer of Stock Application and Stock Advisory Form (pg. 2 of form)</td>
<td>LIQ-LIC-114</td>
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<tr>
<td>Personal History &amp; Affidavit</td>
<td>LIQ-LIC-129</td>
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<tr>
<td>Required for all New Officers, New Directors, 25%+ Stockholders</td>
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<tr>
<td>Criminal History Record Clearance (Fingerprinting)</td>
<td>LIQ-LIC-132</td>
<td></td>
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<tr>
<td>Required for all New Officers, New Directors, 25%+ Stockholders</td>
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<tr>
<td>Review instructions for submitting a Fingerprint Card.</td>
<td>LIQ-LIC-147</td>
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<tr>
<td>Payment is required at or prior to fingerprint appointment.</td>
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<tr>
<td>Stock Purchase Agreement</td>
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<tr>
<td>Provide proof of the stock transfer/purchase. Must be signed by the seller/transferor and the buyer/transferee.</td>
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<td>Certificate of Good Standing (not over 60 days old)</td>
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<tr>
<td>Request online using the following DCCA website: <a href="http://cca.hawaii.gov/breg/">http://cca.hawaii.gov/breg/</a></td>
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**Note:** Any application that is inaccurate or incomplete will be returned.  
No fee incurred for Transfer of Stock.

*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: _____________
TRANSFER OF STOCK APPLICATION

Pursuant to Section §281-41, H.R.S., the following Corporate Licensee,
License #: ____________________ Licensee Name: ____________________
Trade Name/DBA: ____________________
Premises Address: ____________________

Requests Liquor Commission approval to transfer capital stock to the following named as follows:

SELLERS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>No. of Shares</th>
<th>Percentage%</th>
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TO BE TRANSFERRED

Attach additional sheets as necessary

BUYERS:

<table>
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<tr>
<th>Name</th>
<th>Title</th>
<th>No. of Shares</th>
<th>Percentage%</th>
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</table>

TO BE ACQUIRED

Attach additional sheets as necessary

The following will be officers, directors & stockholders of the subject corporation upon approval of this stock transfer.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>No. of Shares</th>
<th>Percentage%</th>
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As required by §3-82-41.2 of the Rules of the Liquor Commission, attach the following:

☐ The stock purchase offer or similar document and the effective date of the transfer of stock; applicant’s Certificate of Good Standing from the State Dept. of Commerce & Consumer Affairs (DCCA). Must be within 60 days of filing.
☐ Information regarding consideration involved in the transfer of stock.
☐ Personal History and Affidavit form(s), FBI fingerprint card(s), and “Criminal History Record Clearance” form(s) of the proposed new officer(s), director(s) or person(s) desiring to acquire the 25%+ interest of the Corporate Licensee named above (if applicable).

_______________________________________________________________________
SELLER SIGNATURE   DATE   BUYER SIGNATURE   DATE

_______________________________________________________________________
SELLER PRINT Name and Title   BUYER PRINT Name and Title

_______________________________________________________________________
LICENSEE SIGNATURE   DATE   LICENSEE PRINT Name and Title
STOCK TRANSFER ADVISORY

Licensee Name and Trade Name (DBA)

With the filing of this stock transfer application, applicant acknowledges the following:

(1) It is the applicant's responsibility to receive and maintain all accounting records of the acquired corporation for the preceding four-year period. Such accounting records include, but are not limited to, daily sales records, employee time sheets, and invoices of the licensed premises.

(2) In the event of an audit by the Liquor Commission, the applicant is aware that it is the applicant's responsibility to provide the auditors with complete accounting records, including those records which may have preceded the applicant's stockholding in the corporation.

(3) If, as a result of such an audit there is a deficiency in the liquor license fee assessment, the applicant understands that the licensee corporation will be held liable to make such payments to the Liquor Commission.

(4) Any assessments by the Liquor Commission to the licensee corporation, existing or potential, will be the applicant's responsibility. Failure of the transferor to disclose to the transferee such contingent liabilities does not eliminate the licensee corporation's responsibility to satisfy such liabilities.

(5) The applicant understands that, as the transferee of the stock of the licensee corporation, the applicant may, under certain circumstances, be held personally accountable for the obligations and responsibilities of the licensee corporation.

At the time the stock transfer is effected, it is important that the buyer receive all records from the seller supporting gross liquor sales information. This will assist the buyer in documenting the information included in the “Declaration of Gross Liquor Sales”.

ACKNOWLEDGE RECEIPT AND UNDERSTANDING:

______________________________________________
APPLICANT SIGNATURE

______________________________________________
PRINT APPLICANT NAME

______________________________________________
DATE
PERSONAL HISTORY AND AFFIDAVIT
Rule 3-83-53.1

NAME ___________________________ SOCIAL SECURITY NO. ___________________________

Last, First Middle Maiden

HOME ADDRESS ___________________________________________ APT. NO. _____

TELEPHONE NOS.: 

HOME (_____) 

CITY ___________________________ STATE _________ ZIP CODE ____________ BUS. (____)

PLACE OF BIRTH ___________________________ DATE OF BIRTH (MM / DD / YYYY) AGE _____ MARITAL STATUS ___________________________

(City, State) 

NO. OF YEARS COMPLETED IN HIGH SCHOOL _______ YEAR COMPLETED _______ NAME OF SCHOOL ___________________________

(include City and State)

NO. OF YEARS COMPLETED IN COLLEGE _______ YEAR COMPLETED _______ NAME OF COLLEGE ___________________________

(include City and State)

OTHER EDUCATION ___________________________

CITIZENSHIP* ___________________________ DATE ARRIVED IN HAWAII (if applicable) ___________________________

*(If not a U.S. citizen, indicate type of Visa, or Resident Alien Card No., or Immigration Department No.)

EMPLOYMENT RECORD (from the time school was completed to present):

FROM TO 
MONTH/YEAR MONTH/YEAR POSITION EMPLOYER LOCATION

(If additional space is needed, please use reverse side)

NOTARY INITIAL: _____________

Page 1 of 2
List your experience in the liquor industry: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Will you devote time to manage the subject business?  ____ Yes  ____ No

If answer is "YES", will it be ______ Full time, or ______ Part-time?

I, __________________________________________, of ________________________________,
being first duly sworn, deposes, and says, that the above information is true and correct and that I (___ have/___ have not) been
convicted of any felony charge.

___________________________________________
Signature

PASSPORT-TYPE PHOTOGRAPH
REQUIRED - - NO SNAPSHTS OR
PHOTOCOPIES WILL BE ACCEPTED.
AFFIX 2" X 2" PHOTOGRAPH HERE.

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.

__________________________________________
Signature of applicant(s) before Notary

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)
The Honolulu Liquor Commission (HLC) has partnered with Fieldprint, the nation’s largest electronic fingerprinting network, for fingerprint collection appointments within the United States and its territories.

- **Oahu applicants** may schedule at any one of the four Fieldprint locations on this island.
- **Out-of-state applicants** may go to any of the 1,300+ Livescan sites operated by Fieldprint across the United States and its territories.

During the application process, your assigned licensing investigator will provide you or your authorized agent with written instructions to schedule an appointment with Fieldprint at your convenience, and submit payment directly to Fieldprint.

Since Fieldprint currently operates only in the United States, our **out-of-country applicants** must submit the following three items to HLC:

- A completed HLC fingerprint card.

  Note: If the print card cannot be accurately read for identification purposes, a new fingerprint card will be required. An applicant may submit more than one card at the same time to avoid repeating the fingerprint process.

- A certified check or money order, in the amount of $48.25, payable to the “Hawaii Criminal Justice Data Center,” to cover the processing fee for hardcopy ink printing. Submit a separate check for each applicant.

**NO PERSONAL CHECKS OR CASH ACCEPTED FOR FINGERPRINTING.**

- A verification letter from the fingerprint technician, on an agency letterhead, stating the applicant was fingerprinted and must include the following information:
  - Applicant’s Name
  - Social Security Number (if applicable)
  - Date of Birth
  - Date of Fingerprinting

If you have any questions regarding the fingerprint process, please contact your assigned investigator.
REQUEST FOR A CRIMINAL HISTORY RECORD CLEARANCE FOR LIQUOR LICENSE

(Please PRINT in black ink or type all requested information in Part I and Part II, sign, and return to Honolulu Liquor Commission)

PART I – APPLICANT DATA:

Last Name: __________________________ First Name: __________________________ Middle Name: __________________________

Alias(es) / Former Name(s) / Maiden Name: __________________________________________________________

Social Security No.: __________________________ Date of Birth: __________________________ Sex: □ M □ F

Race: __________________________ Height: _______ Weight: _______ Color of Eyes: _______ Color Hair: _______

Business Name: __________________________________ Trade Name/DBA: __________________________

Place of Birth: __________________________________ Citizenship: __________________________

PART II – DISCLOSURE OF CRIMINAL HISTORY:

Have you ever been convicted of any violation of law (felony/misdemeanor) other than a minor Traffic violation? □ Yes □ No

If yes, please explain what you were convicted of, when you were convicted, and the sentence/penalty. Also explain the circumstances of the offense.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

I certify under the penalty of perjury that the above statements are true, complete and correct to the best of my knowledge and belief. I authorize the Honolulu Liquor Commission to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing the state and national criminal history records that may pertain to me, and I waive the right to hold those agencies liable in determining my qualifications for a liquor license. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint-based criminal history record check. Should the Honolulu Liquor Commission policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.34.

I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement.

Applicant’s Signature: __________________________ Date: __________________________

PART III – FILE SEARCH DATA – TO BE COMPLETED BY DATA CENTER:

HCJDC Administrator: __________________________ Date: __________________________
FBI PRIVACY ACT STATEMENT

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).
INSTRUCTIONS TO SUBMIT FINGERPRINTING
(Effective January 1, 2019)

Fingerprinting at the Honolulu Liquor Commission (HLC) office:
- A Licensing Investigator will contact you to schedule an appointment for fingerprinting after the License Application has been filed and accepted.

- Please bring the following with you to the appointment:
  - A current government issued photo identification card.
  - A certified check, or money order, for $43.25 (for electronic fingerprinting), made payable to: “Hawaii Criminal Justice Data Center” for each individual. Submit separate checks for each individual.

  Note: Should the electronic fingerprinting method fail, you may be required to do traditional ink fingerprinting (hardcopy) with an additional fee.

Fingerprinting by other authorities:
- If the individual will not come to the HLC office to be fingerprinted, please submit the following:
  - A completed Honolulu Liquor Commission fingerprint card.
  - If the prints are not adequate for accurate identification purposes, we will require that a second fingerprint card be submitted. The applicant may submit more than one card at the same time.

  - A certified check, or money order, for $48.25 (for hardcopy ink printing) processing fee, made payable to: “Hawaii Criminal Justice Data Center” for each individual. Submit separate checks for each individual.

  - A letter from the fingerprint technician, on an agency letterhead, verifying that the applicant was fingerprinted, must accompany the fingerprint card. The verification letter must include:
    - The applicant’s name
    - Social Security Number (if applicable)
    - Date of Birth
    - Date of fingerprinting

  - Submit the fingerprint card, the $48.25 processing fee (per individual), and the verification letter to the HLC.
  - Electronic fingerprinting not available, hardcopy ink printing only.

**NO PERSONAL CHECKS OR CASH ACCEPTED FOR FINGERPRINTING.**