**Outside Warehouse Permit Application CHECKLIST**

<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>
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<tr>
<td>❑ Outside Warehouse Permit Application</td>
<td>LIQ-LIC-120</td>
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<tr>
<td>❑ Outside Warehouse Statement of Understanding</td>
<td>LIQ-LIC-120A</td>
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<tr>
<td>❑ Floor Plan Drawn to Scale</td>
<td></td>
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<tr>
<td>Must include the proposed warehouse area outlined in “red”.</td>
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<tr>
<td>❑ Copy of Floor Plan Drawn to Scale and Reduced to 8-1/2”x11”</td>
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<td>Must include the proposed warehouse area outlined in “red”.</td>
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<tr>
<td><strong>Note:</strong> Warehouse space used for the storage of liquor shall be completely enclosed and separated from other merchandise.</td>
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<tr>
<td>❑ Provide a copy of the Lease Agreement including Terms and Conditions approving the use the warehouse premises</td>
<td></td>
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<tr>
<td>❑ Zoning Clearance – Dept. of Planning &amp; Permitting (808)768-8000 or</td>
<td>LIQ-LIC-122</td>
<td></td>
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<tr>
<td>Dept. of Hawaiian Homelands (808)620-9590</td>
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<tr>
<td>❑ If your business is located in the Kakaako/Kalaeloa Area, obtain Zoning Approval from HCDA (Hawaii Community Development Authority): (808)594-0300</td>
<td>LIQ-LIC-140</td>
<td>Statement of Affirmation (optional)</td>
</tr>
<tr>
<td>Complete the HCDA Request for Zoning Clearance form <a href="http://dbedt.hawaii.gov/hcda/permits/">http://dbedt.hawaii.gov/hcda/permits/</a> (Application can be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance.)</td>
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<tr>
<td>❑ If your business is located at Aloha Tower, obtain Zoning Approval from Aloha Tower Development Corporation: 79 S Nimitz Highway, Honolulu, Hawaii 96813 (808)587-3651</td>
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</table>

**Note:** Any application that is inaccurate or incomplete will be returned. No fee incurred for the Outside Warehouse Application Permit request.  
*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.

_________________________________________________________ Date

SIGNATURE Authorized Agent

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.

_________________________________________________________ Date

SIGNATURE Licensee (Owner)

PRINT Licensee (Owner)

For HLC Office Use Only

LCIS ENTRY DATE: ____________ HLC STAFF INITIAL: ____________
OUTSIDE WAREHOUSE PERMIT
APPLICATION
Rule 3-82-42.1

Date: ____________________

Licensee Name: ____________________ TMK: ____________________

Warehouse Address: ____________________

Phone: ________________ Fax: ________________ Email: ____________________

List Trade Names (DBA), Liquor License #s and Classes of each business under same ownership storing liquor in the outside warehouse.

<table>
<thead>
<tr>
<th>Trade Name (DBA)</th>
<th>Liquor License #</th>
<th>Class</th>
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<tbody>
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</tbody>
</table>

SIGNATURE Licensee (Owner)/Authorized Agent ____________________ Date ________________

PRINT NAME Licensee (Owner)/Authorized Agent ____________________ Title ________________

Application No. ____________________

OFFICE USE:  □ Approved  □ Denied

LCIS ENTRY DATE: ________________  HLC STAFF Initial: ________________

Franklin "Don" Pacarro, Jr.  Administrator ________________ Date ________________

Rev. 02/03/17  LIQ-LIC-120
OUTSIDE WAREHOUSE PERMIT
STATEMENT OF UNDERSTANDING

Note: It is prohibited to share the warehouse with other licensees.

The following items must be submitted with the application (form# LIQ-LIC-120):

- Floor plan drawn to architectural scale showing liquor storage area outlined in “red”.
- Copy of the lease and/or document of authorization with Terms and Conditions from the landlord approving the use of the warehouse.
- Completed and signed Approval for Use of Outside Warehouse (form# LIQ-LIC-121).
- Approved Request for Zoning Clearance (form# LIQ-LIC-122).

STATEMENT OF UNDERSTANDING

Pursuant to the Rules of the Liquor Commission, §3-82-42.1, Warehousing, I understand and agree to the following:

a) Warehouse space used for the storage of liquor shall be completely enclosed and separated from other merchandise.

b) The joint use of an outside warehouse space by more than one licensee at the same time is prohibited.

c) Invoices for all liquor received at the warehouse and a record of all liquor removed from the warehouse shall be kept within the warehouse. All such records shall be kept for not less than three (3) years.

d) No liquor shall be distributed or sold from the outside warehouse. This restriction shall not apply to the delivery of liquor from the outside warehouse of a wholesale licensee. Liquor imported into the State of Hawaii, City and County of Honolulu may rest at an outside warehouse by being unloaded into such warehouse.

SIGNATURE Licensee (Owner)/Authorized Agent ____________________________ Date ____________________________

PRINT NAME Licensee (Owner)/Authorized Agent ____________________________ Title ____________________________

Application No. ____________________________
REQUEST FOR ZONING CLEARANCE
Rule 3-83-53.1(a)(2)

The Liquor Commission requires a zoning clearance for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Department of Planning & Permitting (DPP). There is a **$150.00 filing fee**. Cash or check payable to: City & County of Honolulu. After obtaining a clearance from DPP, you must return to the Liquor Commission with this original document.

To: City & County of Honolulu, Department of Planning & Permitting 650 S. King St., 1st Floor, Honolulu, HI., 96813

Applicant to complete information in this block only.
Do not cross out or erase information. If corrections are necessary, please complete a new form.

1. Name of Applicant: ________________________________
   Trade Name (DBA): ________________________________

2. Applicant's Mailing Address: ________________________________

3. Phone No.: ________________________________ Contact Person: ________________________________

4. Site (business) Address: ________________________________

5. Tax Map Key (TMK) of site: ________________________________

6. This is a: 
   - [ ] New Application
   - [ ] Transfer Application
   - [ ] Re-Classification
   - [ ] Extension of Premises
   - [ ] Change of Location
   - [ ] 90-day Trial Period for Entertainment
   - [ ] Outside Warehouse

7. For new applications, changes of location, or as requested for any applications by the DPP, attach a copy of the floor plans, including a location map and description of where business is situated within the building.

8. Type of business intended at site: ________________________________

9. Other business on TMK parcel: 
   - [ ] Yes
   - [ ] No
   If “Yes”, specify type (i.e., Hotel, Shopping Center, etc.): ________________________________

10. Class/Category of Liquor License applied for: ________________________________

SIGNATURE Licensee (Owner)/Authorized Agent
PRINT Licensee (Owner)/Authorized Agent
Date

FOR DEPARTMENT OF PLANNING & PERMITTING USE ONLY:

Zoning District: ________________________________

- [ ] Use is NOT PERMITTED
- [ ] Use is PERMITTED
- [ ] Use is PERMITTED WITH CONDITIONS

The applicant is hereby notified that zoning clearances may require up to three weeks of research by the Department of Planning & Permitting (DPP). Approval by the DPP does NOT constitute liquor license approval or approval of any required building permits.

SIGNATURE Department of Planning & Permitting
DATE

LIQ-LIC-122
Rev. 02/25/14
STATEMENT OF AFFIRMATION
(Voter List & Zoning Clearance)

☐ New Liquor License Application  ☐ Transfer Liquor License Application

Date: ______________________

Applicant Trade Name/DBA: __________________________________________

Mailing Address: ________________________________________________
   __________________________________________________________
   __________________________________________________________

Contact Person: ________________________________________________ Title: ______________________

Phone: __________________ Fax: __________________ Email: ________________

☐ I've submitted a request for a Voters List to the Office of the City Clerk on __________________

☐ I've submitted for Zoning Clearance to the Dept. of Planning & Permitting or HCDA (Hawaii Community Development Authority) if licensed premises is located in the Kakaako or Kalaeloa area. ________________

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

___________________________________________    __________________________
SIGNATURE Applicant   Date

___________________________________________    __________________________
PRINT Applicant   Title

OFFICE USE:

LCIS ENTRY DATE:_______________   HLC STAFF INITIAL:_______________