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

Change of Corporate or Club Officer/Director or
LLC, Partnership or Unincorporated Association Member/Manager/Partner
CHECKLIST

Notification must be submitted within 30 days of the
change in Corporate Officer/Director or LLC Member/Manager/Partner

<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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<tbody>
<tr>
<td>❑ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
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<tr>
<td>❑ Corporation or Club: Add or Delete Officers/Directors <strong>OR</strong></td>
<td>LIQ-LIC-103 or LIQ-LIC-104</td>
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<tr>
<td>❑ LLC, Partnership or Unincorporated Association: Add or Delete Members/Managers/Partners</td>
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<tr>
<td>❑ For Corporation or Club, provide minutes confirming the new officer/director’s name, title and % of stock held.</td>
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<tr>
<td>❑ For LLC, Partnership or Unincorporated Association, provide official documentation confirming the new Member/Manager/Partner’s name, title and % of shared interest held.</td>
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<td>❑ Personal History &amp; Affidavit (PHA) Required for all Officers, Directors, 25% + Stockholders, Member(s) of Member-Managed LLC, Manager(s) &amp; Member(s) of Manager-Managed LLC, Partners</td>
<td>LIQ-LIC-129</td>
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<tr>
<td>❑ Criminal History Record Clearance Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) &amp; Member(s) of Manager-Managed LLC, Partners Payment required at or prior to fingerprint appointment.</td>
<td>LIQ-LIC-132</td>
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<tr>
<td>❑ Read and review instructions for submitting a Fingerprint Card. Fingerprinting is required for all Officers, Members, Managers and Partners except “Club” type Licensees with a Liquor License number beginning with “F”.</td>
<td>LIQ-LIC-147</td>
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Note: Any application that is inaccurate or incomplete will be returned.

No fee incurred for a Change of Corporate Officer/Director or LLC, Partnership or Unincorporated Association Member/Manager/Partner.

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: _______________________

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<tr>
<th>Authorized Agent Name: ___________________________</th>
<th>Title: ___________________________</th>
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<tr>
<td>Company Name: ____________________________________</td>
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<td>Mailing Address: __________________________________</td>
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<td>Bus. #:________________ Mobile #:__________________</td>
<td>Email: __________________________</td>
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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: _____________
**ADD OR DELETE OFFICERS/DIRECTORS/STOCKHOLDERS**
FOR CORPORATION OR CLUB ONLY

HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Application/Change: ____________________ License # (if existing): __________________

Licensee Name: ________________________________________________________________

Doing Business As (DBA): _________________________________________________________

Class: _______________________________ Kind: _________________________________
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premises Address: _______________________________________________________________
______________________________________________________________________________

Bus. #:_________________ Mobile #:_________________ Email: _______________________

Changes to Officers/Directors as follows (attach additional sheets if necessary):

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<th>Add</th>
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<th>Name</th>
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<th># of Shares</th>
<th>% of Ownership</th>
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I certify that all Officers/Directors listed above are at least 21 years of age.

INITIAL ______________________

SIGNATURE Licensee (Owner)/Authorized Agent DATE ______________________

PRINT Licensee (Owner)/Authorized Agent ______________________

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner.

Notary Initial ______________________
(If applying for New License or Transfer of License)

For HLC Office Use Only

LCIS ENTRY DATE:_______________ HLC STAFF INITIAL:__________________
ADD OR DELETE MEMBERS/MANAGERS/PARTNERS
FOR LLC, PARTNERSHIP OR UNINCORPORATED ASSOCIATION
HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Application/Change: ________________________ License # (if existing): ____________________

Licensee Name: ____________________________________________________________________________________

Doing Business As (DBA): ____________________________________________________________________________

Class: __________________________________________ Kind: _____________________________________________
        (Dispenser, Retail, etc.)          (General, Beer, etc.)

Premises Address: __________________________________________________________________________________
                                                                                                      __________________________
                                                                                                      __________________________

Bus. #: ____________________ Mobile #: ____________________ Email: ______________________________

Changes to Members/Managers/Partners as follows (attach additional sheets if necessary):

Please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129),
completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132),
& copies of supporting documents to confirm the appointment of the Member/Manager/Partner & position.
(Personal History and Criminal History Record does not apply to Transient Vessel Applications.)

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I certify that all Officers/Directors listed above are at least 21 years of age.

INITIAL

Change to existing Members/Managers/Partners:

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<th>Change From</th>
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</table>

*SIGNATURE Licensee (Owner) / Authorized Agent

DATE __________________________

PRINT Licensee (Owner) / Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization or
Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner.

Notary Initial

(If applying for New License or Transfer of License) __________________

For HLC Office Use Only

LCIS ENTRY DATE: ________________  HLC STAFF INITIAL: ________________
PERSONAL HISTORY AND AFFIDAVIT
Rule 3-83-53.1

NAME ____________________________ SOCIAL SECURITY NO. ____________________________
Last, First Middle Maiden

HOME TELEPHONE NOS.: ____________________________

ADDRESS _____________________________________________ APT. NO. ____________

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
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
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________________________________________________________
________________________________________________________

(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 ________________________________ (Full Street Address, City, State, Zip)

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 SNAPSHOTS OR
PHOTOCOPIES WILL BE ACCEPTED.
AFFIX 2" X 2" PHOTOGRAPH HERE.

[ ] [ ]

FOR NOTARY USE ONLY

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________

________________________________________________________

Date of Doc: _____________________________  # of Pages: __________________

Notary Name: ___________________________________________ _______ Circuit

Doc. Description:

________________________________________________________

Notary Signature Date

My commission expires __________________

Print Name: _____________________________________________

Notary Public, State of Hawaii

(Place Notary Stamp or Seal here)

Page 2 of 2
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: ______________________
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.