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

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	HLC Initial
❑ Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
❑ Corporation or Club: Add or Delete Officers/Directors **OR** ❑ LLC, Partnership or Unincorporated Association: Add or Delete Members/Managers/Partners	LIQ-LIC-103 ***or*** LIQ-LIC-104	
❑ For Corporation or Club, provide minutes confirming the new officer/director's name, title and % of stock held. ❑ For LLC, Partnership or Unincorporated Association, provide official documentation confirming the new Member/Manager/Partner's name, title and % of shared interest held.		
❑ Personal History & Affidavit (PHA) Required for all Officers, Directors, 25% + Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC, Partners	LIQ-LIC-129	
❑ Criminal History Record Clearance Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC, Partners Payment required at or prior to fingerprint appointment.	LIQ-LIC-132	
❑ Review instructions for submitting fingerprints through ***Fieldprint*** fingerprinting services. Fingerprinting is required for all Officers, Members, Managers and Partners except "Club" type Licensees with a Liquor License number beginning with "F".	Fingerprinting Services	

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**

Reserved for Office Use (Date/Time Stamp)

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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:_____

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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):

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 Officer/Director & position.
(Personal History and Criminal History Record does not apply to Transient Vessel Applications.)

Add	Remove	Name	Title	# of Shares	% of Ownership
❑	❑				
❑	❑				
❑	❑				
❑	❑				
❑	❑				
❑	❑				
❑	❑				
❑	❑				
❑	❑				

_____ **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: _____

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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.)

Add	Remove	Name	Title	# of Shares	% of Ownership
❑	❑				
❑	❑				
❑	❑				
❑	❑				

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

Change to existing Members/Managers/Partners:

Name	Change From	Change To

_____ _____
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) _____

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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** _____ **AGE** _____ **MARITAL STATUS** _____
(City, State) **(MM / DD / YYYY)**

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 MONTH/YEAR	TO MONTH/YEAR	POSITION	EMPLOYER	LOCATION

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

NOTARY INITIAL:_____

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_____

_____
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)

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FINGERPRINTING SERVICES FOR THE HONOLULU LIQUOR COMMISSION

Beginning November 1, 2020, all applicants who are required to submit fingerprints must utilize ***Fieldprint,*** the nation's largest electronic fingerprinting network within the United States and its territories.

- Oahu applicants may schedule at any one of the four local ***Fieldprint*** locations.
- Out-of-state applicants may go to any of the 1,300+ Livescan sites operated by ***Fieldprint*** across the United States and its territories.
- Out-of-country applicants who are unable to utilize ***Fieldprint's*** service must contact the Supervising Liquor Control Investigator at (808) 768-7340 for further instructions.

If you are unsure as to whether or not you are required to submit fingerprints as part of the liquor license application process, please contact your assigned Licensing Investigator.

Instructions to schedule a fingerprint appointment:

1. Visit **http://fieldprinthawaii.com**
2. Click on the "Schedule an Appointment" button.
3. Enter an email address under "New Users/Sign Up" and click the "Sign Up" button. Follow the instructions for creating a Password and Security Question, then click "Sign Up and Continue."
4. Enter the Fieldprint Code**: FPHonoluluLiquorCommission**
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any technical questions or problems, you may contact ***Fieldprint's*** customer service team at 877-614-4364 or customerservice@fieldprint.com.
8. You will be responsible for submitting payment directly to ***Fieldprint***.
9. You will be notified by your assigned Licensing Investigator once your background report is received.

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CONFIDENTIAL

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).