Permit for Trade Shows and Exhibitions

CHECKLIST

Application packet must be submitted at least fifteen (15) days prior to the proposed event date.

<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>❑ Notification of Trade Show Exhibitor</td>
<td>LIQ-LIC-116</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>❑ Application for Sampling at Trade Shows and Exhibitions Each exhibitor conducting liquor sampling must submit a separate form</td>
<td>LIQ-LIC-115A</td>
<td></td>
</tr>
<tr>
<td>❑ Description of Proposed Trade Show or Exhibition Area (e.g., floor plan, drawing, or document clearly describing the proposed Trade Show or Exhibition Area where liquor will be offered) – 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 your event is held at a location with an active liquor license (e.g. Hotel, Golf Course, Club, Restaurant), submit a “Request for Approval of Temporary Reduction of Licensed Premises” with floor plan provided by the liquor license holder (the temporary reduced area is the location of your event)</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: ___________ |
NOTIFICATION OF TRADE SHOW EXHIBITOR
HRS §281-32.5

An Application for Sampling at Trade Shows and Exhibitions form (LIQ-LIC-115A) is required for each exhibitor.

Date: ________________

I, ______________________ on behalf of ____________________, authorize the following exhibitor(s) to hold their liquor sampling at __________________________________________

where liquor(s) will be distributed as samples (not for sale).

Name of Trade Show Exhibitor(s):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

☐ Check box if additional sheet of exhibitors is attached.

<table>
<thead>
<tr>
<th>Trade Show Date(s)</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE Trade Show Authorized Contact __________________________ DATE __________________________

PRINT NAME Trade Show Authorized Contact __________________________ TITLE __________________________

PHONE __________________________ MOBILE __________________________ EMAIL __________________________
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

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: ________________
APPLICATION FOR SAMPLING AT TRADE SHOWS AND EXHIBITIONS
MUST BE FILED WITH NOTIFICATION OF TRADE SHOW EXHIBITOR FORM (LIQ-LIC-116)

NAME OF TRADE SHOW

ADDRESS OF TRADE SHOW  CITY/STATE  ZIP CODE

NAME OF EXHIBITOR / LICENSEE

EXHIBITOR / LICENSEE ADDRESS  CITY/STATE  ZIP CODE

NAME OF PERSON CONDUCTING SAMPLING  COMPANY CONDUCTING SAMPLING

<table>
<thead>
<tr>
<th>Sampling Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Sampling Date</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BRAND(S) / TYPE OF LIQUOR(S) – ☐ Check Box if additional sheet is attached

1
2
3
4
5
6
7
8

Exhibitor/Licensee understands and adheres to the Rules of the Liquor Commission, City and County of Honolulu. Per Rule §3-82-32.51:
- Sampling requests must be submitted for prior approval by the Administrator. Requests must show: Type of liquor, date and hours of the event and the name of the person in charge of the sampling.
- No minor shall be permitted to sample.
- No person under the age of eighteen (18) years shall serve liquor.
- A copy of the approval form shall be conspicuously posted/ readily available in the vicinity of the sampling area.

Per Rule §3-84-78.01(b), no employee, while on duty, shall consume liquor.
Per Rule §3-81-17.54(f), licensees who give samples without charge shall report the value of those drinks in their annual gross sales report.

I UNDERSTAND AND AGREE TO THE ABOVE RULES:

SIGNATURE - Exhibitor/Licensee of Sampling Location  DATE

PRINT NAME - Exhibitor/Licensee of Sampling Location  TITLE

PHONE  MOBILE  EMAIL

LIQ-LIC-115A 10/23/18
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: __________________________