

**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

SUPPLEMENTAL INFORMATION FOR TRANSIENT VESSEL

Rule 3-83-53.1

Submit this form with a New Liquor License application (notarized) three (3) weeks prior to arrival.

AMENDED (check box if amending date(s), time(s), or Pier(s)/Port(s). Total number of days at Port must remain the same.)

Applicant's Name: _____ Date: _____

Applicant Contact Name: _____ Title: _____

Bus. #: _____ Mobile #: _____ Email: _____

Vessel Operator: _____ Name of Vessel Owner: _____

Name of Vessel/Boat: _____

Name of the City and State, or Country of the vessel's titled owner: _____

Arrival Date(s)	Arrival Time(s)	Departure Date(s)	Departure Time(s)	# of Days	Pier/Port of Berth

Check Box if additional sheet(s) is attached

Attach the following:

- Photograph of the vessel on 8-1/2"x11" paper.
- Floor Plan of the vessel and Deck Plans showing proposed liquor outlets, dance floors, and so forth.
- Current Financial Statement.
- Organizational documents and information. Check one (1) of the following:
 - Sole Proprietor: Personal History and Affidavit (LIQ-LIC-129)
 - Partnership: The Partnership Agreement **and** list of the current partners to the partnership (LIQ-LIC-104)
 - Limited Liability Company: The Articles of Organization **and** list of the current managers and current members of the company (LIQ-LIC-104)
 - Corporation: The Articles of Incorporation **and** list of current officers, current directors, and current stockholders of 25% or more of the outstanding capital stock of the corporation (LIQ-LIC-103)
 - Entity is not mentioned above: provide the Organizational document(s) **and** list of the current principals of the entity (LIQ-LIC-103)
- Payment of License Fee (\$90.00 per day) – We accept Cash, Cashier's Check, Money Order, Licensee/Attorney Business Check payable to: *City & County of Honolulu*, or Discover/MasterCard/VISA (plus an applicable service fee).

SIGNATURE Vessel Owner / Authorized Agent

DATE

PRINT Vessel Owner / 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: _____