

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**  
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • EMAIL [lig-licensing@honolulu.gov](mailto:lig-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/lig](http://www.honolulu.gov/lig)

**APPLICATION FOR  
LIQUOR LICENSE**

DO NOT FILL IN THIS SPACE	
APPLICATION NO.	
License Fee	
Publication Cost	
TOTAL	
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK:	RECEIPT #

**1. APPLICATION TYPE (Check One Only)**

<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Change to Existing License
<input type="checkbox"/> [Stand-Alone] Temporary	<input type="checkbox"/> Temporary	<input type="checkbox"/> Catering
Must submit 2 original applications: 1. New Liquor License 2. Stand Alone Temporary Liquor License	Must submit 2 original applications: 1. Transfer of Liquor License 2. Temporary Liquor License	<input type="checkbox"/> Special [Non-Profit] <input type="checkbox"/> Special (For Profit) <input type="checkbox"/> Renewal of Temporary License
<b>Liquor License # (if existing):</b> _____		<input type="checkbox"/> Provide copy of existing Temporary License <input type="checkbox"/> Provide extension dates Start _____ End _____

**APPLICATION INFORMATION**

2. Classification:	3. Kind:	4. Category:	5. 1 <sup>st</sup> Event Date (For Catering / Specials / Transient Vessel):
6. FEIN:	7. State GE Tax #:	8. DCCA File #:	
9. Business Name:		10. Trade Name / DBA:	
11. Business Mailing Address:			
12. Business Phone #: ( ) -	Business Fax #: ( ) -	Business Email Address:	
13. Primary Contact Mailing Address:			
14. Primary Contact (Full Name):	Primary Contact Phone #: ( ) -	Primary Contact Email Address:	
15. Premises Physical Address:		Tax Map Key #:	

**16. FOR TRANSFER LICENSES ONLY**

**Signature required by current license owner to authorize license transfer**

\_\_\_\_\_ Signature of Current License Owner      \_\_\_\_\_ Print Name      \_\_\_\_\_ Date

\_\_\_\_\_ Current License Owner must provide Gross Liquor Sales (GLS) Report and applicable payment upon license transfer

INITIAL

**18. PAYMENT BY CASH, CASHIER'S CHECK, MONEY ORDER, OR CREDIT CARD  
(DISCOVER / MASTERCARD / VISA) MAY BE REQUIRED UPON APPLICATION SUBMITTAL.  
SEE FORM CHECKLIST FOR PAYMENT AMOUNT**

**19. APPLICANT INFORMATION (Check One)**

<input type="checkbox"/> <b>INDIVIDUAL OR SOLE PROPRIETOR</b> Enter Applicant's Resident Address:	<input type="checkbox"/> Applicant is 21 years of age or older
<input type="checkbox"/> <b>CORPORATION ONLY</b> • Form LIQ-LIC-103 (Add/Delete Officers/Directors) <i>(Includes shareholders owning twenty-five percent (25%) or more of business)</i>	Total # of outstanding shares:
<input type="checkbox"/> <b>PARTNERSHIP OR LLC</b> • Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)	<input type="checkbox"/> Partners are 21 years of age or older
<input type="checkbox"/> <b>UNINCORPORATED ASSOCIATION</b> • Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)	<input type="checkbox"/> Individuals are 21 years of age or older
<input type="checkbox"/> <b>NON-PROFIT ENTITY</b> • Must provide proof of Non-Profit status	

**20. CONDITIONS OF APPLICATION**

- (Applicable to Individual Only).** The undersigned individual who resides at the Applicant's Resident address as indicated on the application is the sole owner of the business proposed to be licensed; and is not a person who has been convicted of a felony and not pardoned.
- (Applicable to Corporation Only).** The individuals indicated on the application (and attached sheet(s) if applicable) are all the officers and directors of the applicant corporation; stockholders who own twenty-five percent (25%) or more of its outstanding capital stock; and that each such officer, director, and stockholder is no less than the legal majority age and is not a person who has been convicted of a felony and not pardoned.
- (Applicable to Partnership or LLC).** The individuals indicated on the application (and attached sheets(s) if applicable) are all the members of the undersigned partnership or LLC [Manager Managed LLC's, check manager(s)] each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and places of residence are listed.
- (Applicable to Unincorporated Association ONLY).** The individuals indicated on the application are all members of the applicant association and the full names of the officers thereof, each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and residence are listed.
- No person other than the applicant named herein will have any interest in the business affected by this application without prior approval of such interest by the Commission.
- No liquor license heretofore issued to applicant has been revoked within the term of two years preceding the date of this application.
- The applicant (or if applicant is an association or corporation, the officers and directors thereof) is familiar with the provisions of the State statutes relating to intoxicating liquors and with the Rules of the Commission and gives consent for a background investigation for determining fitness prior to the issuance of a liquor license.
- The financial statements attached hereto and made part hereof represents a full, true and correct statement of the applicant's financial condition as of the date given on the statement.
- Prior to the issuance of license, the applicant will submit a certificate from the State Director of Taxation and Federal Internal Revenue Service showing the payment of all delinquent taxes, penalties, or interest and if liquors are to be sold for consumption on the licensed premises, a Department of Health sanitation certificate.
- Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34

**21. APPLICANT SIGNATURE NOTARIZED (Notary not required for Special [Non-Profit])**

**Person signing must be a Corporate Officer, LLC Member or Authorized Agent**

*I declare, under penalty of perjury, under the laws of the State of Hawaii and the Rules of the Liquor Commission of the City and County of Honolulu, that I am authorized to prepare this application for and on behalf of the applicant(s) hereinabove named; that I have read the foregoing application; and the statements therein set forth are true and correct.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

**22. Notary Initial:** \_\_\_\_\_

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.

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)*