LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

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)