

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
SPECIAL & CATERING LIQUOR LICENSE APPLICATION**

For Special License:

Up to three (3) event days per application. Application(s) must be submitted a minimum of six (6) weeks prior to event.

For Catering License:

For Restaurant and Hotel Licensees only. Application must be submitted a minimum of three (3) weeks prior to event.

Today's Date: _____

Licensee Name: _____ Liquor License #: _____

Licensee Contact Name: _____ Title: _____

Caterer Only: Name of Registered Manager on Duty at Event: _____

Manager on Duty Phone: _____ Manager on Duty Email: _____

Start Date & Time (include set-up time): _____ End Date & Time (include clean-up time): _____

Description of Event: _____

Name of Event Promoter: _____

Event Coordinator Phone: _____ Event Coordinator Email: _____

Reason for applying for the Special or Catering License: _____

Type of license exercised on previous occasions, if any; number of times approved; when, where and whether or not license was exercised without incident. _____

How will liquor be dispensed?

Host No-Host

Regarding Drinks:

a. Type of drinks to be served (including soft drinks): _____

b. Type of payment (cash or script): _____

c. Type of serving container (disposable cup, glass, etc.): _____

d. Who and how many people will be dispensing the liquor? (applicant's employees, other people?): _____

Attach list of names and titles of people dispensing liquor.

Attendance & Admission:

Approximate number of people expected to attend event: _____ Will anyone under 21 years of age attend? _____

Check One: Event Open to Public By Invitation Only

Will there be an admission charge? _____ If yes, what is the admission ticket price? _____

Tickets will be sold In Advance At the Door

Entertainment:

a. Describe type of entertainment (live or recorded): _____

b. Name of Group performing: _____

c. Number of Performers: _____

Attach list of names, ages and parental approval documents for all performers under 18 years of age.

d. Describe where on the premises the entertainment will take place: _____

e. Hours of entertainment, provide start and end times: _____

Security will be provided by:

a. Name of Agency: _____

b. Number of Security Personnel: _____

c. Other Security Information: _____

For Catering License Only:

Will wholesale liquor be delivered to the catered site? Yes No

Who is hiring applicant to cater food and liquor? _____

Name of Outside Promoter (if any): _____

SIGNATURE Licensee (Owner) / Authorized Agent

DATE

PRINT Licensee (Owner) / Authorized Agent

TITLE

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (Form# LIQ-LIC-106), signed by the Director.

For HLC Office Use Only

Effective Date/Time

START: _____ a.m. / p.m.

Approved Denied Referred

END: _____ a.m. / p.m.

HLC STAFF INITIAL: _____

Franklin "Don" Pacarro, Jr.
Administrator

Date

LCIS ENTRY DATE: _____