### Transfer Liquor License Application
#### Tour or Cruise Vessel

**CHECKLIST**

**SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:**

1. Application fees will be collected upon submittal of a completed application packet. 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). Transfer License Application fee: $375.00. Please note the application fee is non-refundable.

2. Notification of Authorized Agent (if applicable)

3. Completed and Notarized Liquor License Application

4. Corporation: Articles of Incorporation or Partnership: Partnership Agreement or LLC: Articles of Organization AND Operating Agreement

5. Certificate of Good Standing (not over 60 days old) for Corporation/Partnership/LLC. Request online using the following DCCA website: [http://cca.hawaii.gov/breg/](http://cca.hawaii.gov/breg/)

6. Certificate of Trade Name (T-1) or Assignment of Trade Name (T-4) Perform an internet search for T-1 or T-4 (If dba/trade name not a Corporate or LLC Name)

7. Financial Statement (not over 1 year old)

8. Verification of funds Provide original verification letter from bank, copy(s) of bank statements or loan documentation (not over 1 year old).

9. Personal History & Affidavit Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC, Partners

10. Criminal History Record Clearance (Fingerprinting) Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC, Partners Review instructions for submitting a Fingerprint Card. Payment required at or prior to fingerprint appointment.

11. Floor Plan Drawn to Scale - Must include the proposed Licensed Area Outlined in “red”. Must have Hawaii State Dept. of Health stamp for on premise consumption. *(Sanitation Branch phone: (808)586-8000, Address: 99-945 Halawa Valley St.)*

12. Copy of Floor Plan Drawn to Scale and Reduced to 8-1/2”x11” Must include the proposed Licensed Area Outlined in “red”.

13. Mooring Agreement

14. Consideration Document

15. 4”x6” Photo or larger of the Vessel Mounted or Printed on 8-1/2”x11” paper

16. U.S. Coast Guard Certificate of Inspection

**Note:** Any application that is inaccurate or incomplete will be returned. For questions about forms, please email: liq-licensing@honolulu.gov

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**Form Number** | **HLC Initial**
--- | ---
LIQ-LIC-106 |  
LIQ-LIC-101 |  
LIQ-LIC-103 |  
LIQ-LIC-104 |  
LIQ-LIC-104 |  
LIQ-LIC-138 |  
LIQ-LIC-129 |  
LIQ-LIC-132 |  
LIQ-LIC-147 |  

**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:* __________________________

<table>
<thead>
<tr>
<th>Authorized Agent Name:</th>
<th>Title:</th>
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<th>Company Name:</th>
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<tr>
<th>Mailing Address:</th>
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<tr>
<th>Bus. #:</th>
<th>Mobile #:</th>
<th>Email:</th>
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</table>

SIGNATURE Authorized Agent  
Date

PRINT Authorized Agent

License Number(s) for existing licensees:

Licensee/Applicant:

Doing Business As (DBA):

Premises Address:

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: ____________

Rev. 08/22/18
APPLICATION FOR LIQUOR LICENSE

1. APPLICATION TYPE (Check One Only)

- New
- New w/Stand Alone Temporary
- Transfer
- Transfer w/Temporary
- Change to Existing License
- Catering
- Special (Non-Profit)
- Special (For Profit)
- Renewal of Temporary License
- Provide copy of existing Temporary License
- Provide extension dates

Liquor License # (if existing): ________________

2. Classification:

3. Kind:

4. Category:

5. 1st 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. Premise 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

DO NOT FILL IN THIS SPACE

APPLICANT INFORMATION

APPLICATION NO.  

License Fee  
Publication Cost  
TOTAL  

CASH  
CREDIT CARD  
CHECK:  
RECEIPT #

OFFICE USE (Date/Time Stamp)

TOTAL   

Liquor License # (if existing): ________________
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)**

- **INDIVIDUAL OR SOLE PROPRIETOR**
  - Enter Applicant’s Resident Address:  
  - Applicant is 21 years of age or older

- **CORPORATION ONLY**
  - Form LIQ-LIC-103 (Add/Delete Officers/Directors)  
  - (Includes shareholders owning twenty-five percent (25%) or more of business)  
  - Total # of outstanding shares:

- **PARTNERSHIP OR LLC**
  - Form LIQ-LIC-104 (Add/Delete Members-Managers/Partners)  
  - Partners are 21 years of age or older

- **UNINCORPORATED ASSOCIATION**
  - Form LIQ-LIC-104 (Add/Delete Members-Managers/Partners)  
  - Individuals are 21 years of age or older

- **NON-PROFIT ENTITY**
  - Must provide proof of Non-Profit status

20. **CONDITIONS OF APPLICATION**

1. **(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.

2. **(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.

3. **(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.

4. **(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.

5. 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.

6. No liquor license heretofore issued to applicant has been revoked within the term of two years preceding the date of this application.

7. 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.

8. 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.

9. 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.

10. **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

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<th>Notarized Applicant Signature</th>
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<td>Print Name</td>
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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  ____________________________

(Place Notary Stamp or Seal here)
ADD OR DELETE OFFICERS/DIRECTORS/STOCKHOLDERS
FOR CORPORATION OR CLUB ONLY
HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Application/Change: __________________ License # (if existing): __________________

Licensee Name: ____________________________________________________________________________

Doing Business As (DBA): ___________________________________________________________________

Class: ____________________ Kind: ____________________
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premises Address: ____________________________________________________________
______________________________________________________________________________

Bus. #: __________ Mobile #: __________ Email: ________________________________

Changes to Officers/Directors as follows (attach additional sheets if necessary):

Please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129), completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132), & copies of supporting documents to confirm the appointment of the Officer/Director & position. (Personal History and Criminal History Record does not apply to Transient Vessel Applications.)

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I certify that all Officers/Directors listed above are at least 21 years of age.

INITIAL

SIGNATURE Licensee (Owner)/Authorized Agent ___________________________ DATE ___________________________

PRINT Licensee (Owner)/Authorized Agent __________________________________________________________________

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner. Notary Initial ________________________

(If applying for New License or Transfer of License)

For HLC Office Use Only

LCIS ENTRY DATE: _______________ HLC STAFF INITIAL: _______________
ADD OR DELETE MEMBERS/MANAGERS/PARTNERS
FOR LLC, PARTNERSHIP OR UNINCORPORATED ASSOCIATION

HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Application/Change: ________________________
License # (if existing): ________________________

Licensee Name: ______________________________________________________________________________________

Doing Business As (DBA): ______________________________________________________________________________

Class: __________________________________________ Kind: __________________________________________
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premises Address: ___________________________________________________________________________________
_________________________________________________________________________________

Bus. #: __________________ Mobile #: __________________ Email: __________________

Changes to Members/Managers/Partners as follows (attach additional sheets if necessary):

Please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129),
completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132),
& copies of supporting documents to confirm the appointment of the Member/Manager/Partner & position.
(Personal History and Criminal History Record does not apply to Transient Vessel Applications.)

<table>
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<tr>
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I certify that all Officers/Directors listed above are at least 21 years of age.

INITIAL

Change to existing Members/Managers/Partners:

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<th>Name</th>
<th>Change From</th>
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*SIGNATURE Licensee (Owner) / Authorized Agent DATE

PRINT Licensee (Owner) / Authorized Agent

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

Notary Initial
(If applying for New License or Transfer of License) ________________________

For HLC Office Use Only

LCIS ENTRY DATE: _____________ HLC STAFF INITIAL: ________________
NAME OF APPLICANT ___________________________  ❑ CORPORATION  ❑ LLC  ❑ INDIVIDUAL

DOING BUSINESS AS ____________________________________________

The undersigned applicant submits the following financial statement in conformity with and as a part of an Application for Liquor License. The statement is furnished as representing the full, true, and correct financial condition of applicant on the date giving below.

FINANCIAL CONDITION AS OF _______________ 20 ____________

<table>
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<tr>
<th>ASSETS</th>
<th>AMOUNT</th>
<th>LIABILITY</th>
<th>AMOUNT</th>
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<tr>
<td>Cash on Hand</td>
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<td>Notes Payable (Itemize)</td>
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<tr>
<td>Cash in following Banks:</td>
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<tr>
<td>Notes Receivable</td>
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<td>Accounts Payable</td>
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<td>Accounts Receivable</td>
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<tr>
<td>Merchandise Inventory</td>
<td></td>
<td>Other Current Liabilities (Itemize)</td>
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<tr>
<td>Stocks, Bonds, Investments (Itemize)</td>
<td></td>
<td>Mortgages or Liens on Real Estate (Itemize)</td>
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<tr>
<td>Real Estate (Itemize)</td>
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<td>All Other Liabilities (Itemize)</td>
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<td>Reserves - (Itemize)</td>
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<tr>
<td>TOTAL LIABILITIES</td>
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</table>

EXPLANATION OF ASSETS AND LIABILITIES

REAL ESTATE - Unless otherwise noted, title registered in name of

<table>
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<tr>
<th>DESCRIPTION AND ADDRESS</th>
<th>VALUE OF LAND</th>
<th>VALUE OF IMPROVEMENTS</th>
<th>TOTAL VALUE</th>
<th>INCUMBRANCE</th>
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LIQ-LIC-138  Page 1 of 2  Rev. 08/28/18
STOCKS, BONDS, AND INVESTMENTS

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<th>DESCRIPTIONS</th>
<th>FACE VALUE</th>
<th>ACTUAL VALUE</th>
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EXPLANATION OF OTHER ASSETS AND/OR LIABILITIES:

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
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___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

Signed: ____________________________________________ (Applicant)

Print Name: __________________________________________

Date: _______________________

- Attach additional sheets to further explain and/or to itemize such Assets and Liabilities as can not be listed in detail above.
- Applicants may submit their financial statement on forms other than this provided each statement is in sufficient detail and properly signed, dated and certified by the Applicant as being a full, true and correct statement submitted in conformity with, and as a part of this application for liquor license.

Application No.: _______________________

Date: _______________________
### PERSONAL HISTORY AND AFFIDAVIT

**Rule 3-83-53.1**

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<th>NAME</th>
<th>SOCIAL SECURITY NO.</th>
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<th>HOME TELEPHONE NOS.:</th>
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<th>CITY</th>
<th>STATE</th>
<th>BUS. ( )</th>
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<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>MARITAL STATUS</th>
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<th>YEAR COMPLETED</th>
<th>NAME OF SCHOOL</th>
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<th>YEAR COMPLETED</th>
<th>NAME OF COLLEGE</th>
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### OTHER EDUCATION

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### CITIZENSHIP*

<table>
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<tr>
<th>DATE ARRIVED IN HAWAII (if applicable)</th>
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*(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):

<table>
<thead>
<tr>
<th>FROM MONTH/YEAR</th>
<th>TO MONTH/YEAR</th>
<th>POSITION</th>
<th>EMPLOYER</th>
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*(If additional space is needed, please use reverse side)*

**NOTARY INITIAL:**

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**Page 1 of 2**
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.

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

SUBMITTED TO NOTARY FOR SWORN STATEMENT

Date of Doc: ____________________________  # of Pages: __________________
Notary Name: ____________________________  Circuit: __________
Doc. Description: ____________________________

______________________________   _______________________
Notary Signature Date

(Place Notary Stamp or Seal here)

NOTARY CERTIFICATION

Print Name: ____________________________
Notary Public, State of Hawaii

My commission expires ____________________________

(Place Notary Stamp or Seal here)

Page 2 of 2
INSTRUCTIONS TO LIQUOR LICENSE APPLICANTS REGARDING THE CRIMINAL HISTORY RECORD CLEARANCE

I. LEGAL REQUIREMENTS:
Section 281-45, Hawaii Revised Statutes, provides that "No license shall be issued under this chapter:

(1) To any person who has been convicted of a felony and not pardoned (except that the Commission may grant a license under this chapter to a corporation that has been convicted of a felony where the Commission finds that the organization's officers and shareholders of twenty-five percent or more of outstanding stock are fit and proper persons to have a license), or to any other person not deemed by the Commission to be a fit and proper person to have a license;

(2) To a corporation, the officers and directors of which, or any of them, would be disqualified under paragraph (1) of this section from obtaining the license individually, or a stockholder of which, owning or controlling twenty-five percent or more of the outstanding capital stock would be disqualified under that paragraph from obtaining the license individually."

II. EACH OF THE PRINCIPALS OF THE APPLICANT WHO ARE NATURAL PERSONS:

(1) The above must complete the "Request for a Criminal History Record Clearance for a Liquor License" form, copies of which are in the Liquor License Application package.

(2) FOR CLUB LIQUOR LICENSES ONLY: If you are presenting this form along with a new application or a change in Corporate Officer/Director or LLC Member/Manager/Partner a $30.00 processing fee must also be submitted.

   a. Acceptable forms of payment are a certified check or money order, payable to: "Hawaii Criminal Justice Data Center" for each individual. Submit separate checks for each individual.

   b. NO PERSONAL CHECKS OR CASH ACCEPTED FOR A CRIMINAL HISTORY RECORD CLEARANCE FOR LIQUOR LICENSE.

(3) The form and payment must be given to the Honolulu Liquor Commission.
REQUEST FOR A CRIMINAL HISTORY RECORD CLEARANCE FOR LIQUOR LICENSE

(Please PRINT in black ink or type all requested information in Part I and Part II, sign, and return to Honolulu Liquor Commission)

PART I – APPLICANT DATA:

Last Name: __________________________ First Name: __________________________ Middle Name: __________________________

Alias(es) / Former Name(s) / Maiden Name: _____________________________________________________________

Social Security No.: __________________________ Date of Birth: __________________________ Sex: ☐ M ☐ F

Race: __________________________ Height: _______ Weight: _______ Color of Eyes: _______ Color Hair: _______

Business Name: __________________________ Trade Name/DBA: __________________________

Place of Birth: __________________________ Citizenship: __________________________

PART II – DISCLOSURE OF CRIMINAL HISTORY:

Have you ever been convicted of any violation of law (felony/misdemeanor) other than a minor Traffic violation? ☐ Yes ☐ No

If yes, please explain what you were convicted of, when you were convicted, and the sentence/penalty. Also explain the circumstances of the offense.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

I certify under the penalty of perjury that the above statements are true, complete and correct to the best of my knowledge and belief. I authorize the Honolulu Liquor Commission to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing the state and national criminal history records that may pertain to me, and I waive the right to hold those agencies liable in determining my qualifications for a liquor license. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint-based criminal history record check. Should the Honolulu Liquor Commission policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.34.

I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement.

Applicant’s Signature: __________________________ Date: __________________________

PART III – FILE SEARCH DATA – TO BE COMPLETED BY DATA CENTER:

HCJDC Administrator: __________________________ Date: __________________________
FBI PRIVACY ACT STATEMENT

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).
INSTRUCTIONS TO SUBMIT FINGERPRINTING
(Effective January 1, 2019)

Fingerprinting at the Honolulu Liquor Commission (HLC) office:

• A Licensing Investigator will contact you to schedule an appointment for fingerprinting after the License Application has been filed and accepted.

• Please bring the following with you to the appointment:
  ➢ A current government issued photo identification card.
  ➢ A certified check, or money order, for $43.25 (for electronic fingerprinting), made payable to: “Hawaii Criminal Justice Data Center” for each individual. Submit separate checks for each individual.

Note: Should the electronic fingerprinting method fail, you may be required to do traditional ink fingerprinting (hardcopy) with an additional fee.

Fingerprinting by other authorities:

• If the individual will not come to the HLC office to be fingerprinted, please submit the following:
  ➢ A completed Honolulu Liquor Commission fingerprint card.
  ➢ If the prints are not adequate for accurate identification purposes, we will require that a second fingerprint card be submitted. The applicant may submit more than one card at the same time.

  ➢ A certified check, or money order, for $48.25 (for hardcopy ink printing) processing fee, made payable to: “Hawaii Criminal Justice Data Center” for each individual. Submit separate checks for each individual.

  ➢ A letter from the fingerprint technician, on an agency letterhead, verifying that the applicant was fingerprinted, must accompany the fingerprint card. The verification letter must include:
    ❖ The applicant’s name
    ❖ Social Security Number (if applicable)
    ❖ Date of Birth
    ❖ Date of fingerprinting

• Submit the fingerprint card, the $48.25 processing fee (per individual), and the verification letter to the HLC.
• Electronic fingerprinting not available, hardcopy ink printing only.

NO PERSONAL CHECKS OR CASH ACCEPTED FOR FINGERPRINTING.