Temporary / Stand Alone Temporary Liquor License Application CHECKLIST

Temporary:
- Used to transfer an active Liquor License to a new owner.
- Standard Temporary application must be submitted in addition to a Transfer of Liquor License Application (form# LIQ-LIC-101) and all associated documents.

Stand Alone Temporary:
- Used on a temporary basis until the applicant receives approval for a New Liquor License.
- Stand Alone Temporary application must be submitted in addition to a New Liquor License Application (form# LIQ-LIC-101) and all associated documents.

For both Temporary and Stand Alone Temporary

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:

- **Amount Due:** $420.00
  - 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).

- **Notification of Authorized Agent (if applicable)**
  - LIQ-LIC-106

- **Notarized Liquor License Application submitted with New or Transfer Application.**
  - (This is in addition to your permanent new or transfer liquor license application previously submitted.)
  - LIQ-LIC-101

- **Landlord Authorization for Sale and Service of Liquor OR COPY of the proposed liquor establishment’s Lease Agreement, must indicate liquor sales/service will be conducted. If Lease Amendment/Revision to the Lease is required, submit this portion when fully executed.**
  - LIQ-LIC-142

- **For Temporary only:**
  - Must obtain authorization from the Current Licensee (in addition to the landlord) to operate on a temporary license, form# LIQ-LIC-145.

  Regular Temporary application must be submitted with a separate permanent Transfer Liquor License Application. (See Transfer Liquor License Application Check List for additional instruction)

  - LIQ-LIC-145

- **For Stand Alone Temporary only:**
  - Must be submitted with a separate permanent New Liquor License Application.
  - (See New Liquor License Application Check List for additional instruction)

Note: Any application that is inaccurate or incomplete will be returned.

For questions about forms, please email: liq-licensing@honolulu.gov
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: __________________________

Authorized Agent Name: __________________________________________ Title: __________________________

Company Name: __________________________________________________

Mailing Address: __________________________________________________

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

SIGNATURE Authorized Agent __________________________ Date __________________________

PRINT Authorized Agent

License Number(s) for existing licensees: __________________________

Licensee/Applicant: ________________________________________________

Doing Business As (DBA): ___________________________________________

Premises Address: ________________________________________________

_______________________________________________________________

Licensee/Applicant Contact Name: __________________________________ Title: __________________________

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

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: ______________
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/liquor

APPLICATION FOR LIQUOR LICENSE

1. APPLICATION TYPE (Check One Only)

☐ New
☐ New w/Stand Alone Temporary
  Must submit 2 original applications:
  ● New Liquor License
  ● Stand Alone Temporary Liquor License

☐ Transfer
☐ Transfer w/Temporary
  Must submit 2 original applications:
  ● Transfer of Liquor License
  ● Temporary Liquor License

☐ Change to Existing License
☐ Catering
☐ Special (Non-Profit)
☐ Special (For Profit)
☐ Renewal of Temporary License
  □ Provide copy of existing Temporary License
  □ Provide extension dates

☐ 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

INITIAL

17. NOTARY INITIAL:

DO NOT FILL IN THIS SPACE

APPLICATION NO.

License Fee Publication Cost

CASH CREDIT CARD CHECK

RECEIPT # TOTAL

LIQ-LIC-101

Page 1 of 3

Rev. 08/16/17
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
  - Applicant is 21 years of age or older
  - Enter Applicant’s Resident Address:

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

- 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

<table>
<thead>
<tr>
<th>Notarized Applicant Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. NOTARY INITIAL:______________

23.
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)
LANDLORD AUTHORIZATION
FOR SALE AND SERVICE OF LIQUOR
Rule 3-83-53.1

Date: ______________________

Landlord Name: ___________________________________________

Mailing Address: ___________________________________________
________________________________________________________________

Landlord Contact Name: ________________________________________ Title: _____________________

Bus. #: __________________ Mobile #: __________________ Email: __________________________
________________________________________________________________

I AUTHORIZE:

Applicant Name: ______________________________________________

Trade Name (DBA): _____________________________________________

to sell and serve liquor at ______________________________________

Address

Date(s) of Event: ______________________________________________

Start Time: ___________________ End Time: ______________________

Furthermore, I authorize Honolulu Liquor Commission Investigators to inspect the property as required for the sale and service of liquor.

Comments: _____________________________________________
________________________________________________________________
________________________________________________________________

_______________________________________________________________       _________________________________
SIGNATURE Landlord           DATE

_______________________________________________________________       _________________________________
PRINT NAME Landlord           TITLE

For HLC Office Use Only

LCIS ENTRY DATE: _________________   HLC STAFF INITIAL: _________________

LIQ-LIC-142
Rev. 03/04/19
AUTHORIZATION
TO OPERATE ON A TEMPORARY LIQUOR LICENSE
(Supplement to Standard Temporary Liquor License Application)

Standard Temporary Liquor License: Existing active liquor license being transferred to a new owner.

Date: ________________________

Existing Licensee Name: _________________________________________  License #: ___________

Trade Name (DBA): _____________________________________________

Mailing Address:  ____________________________________________

____________________________________________

____________________________________________

Existing Licensee Contact: _______________________________________  Title: ________________

Phone: __________________  Fax:  Email: ______________________________

I AUTHORIZE:

Transferee/Applicant Name: ____________________________________________________________

Trade Name (DBA): ___________________________________________________________________

to operate on a temporary license.

SIGNATURE Existing Licensee  Date

PRINT Existing Licensee  Title

SIGNATURE New Licensee (Owner)  Date

PRINT New Licensee (Owner)  Title

------------------------------
OFFICE USE:

LCIS ENTRY DATE:____________________  HLC STAFF INITIAL:____________________