# Transient Vessel Liquor License Application

**CHECKLIST**

Application & supporting documents must be submitted at least three (3) weeks prior to arrival.

<table>
<thead>
<tr>
<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
<th>Form Number</th>
<th>HLC Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Amount Due: $90.00 per day</td>
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</tr>
<tr>
<td>We accept Cash, Cashier’s Check, Money Order, Licensee/Attorney Business Check payable to: <em>City &amp; County of Honolulu</em>, or Discover/MasterCard/VISA (plus an applicable service fee).</td>
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<tr>
<td>❑ Notification of Authorized Agent (if applicable)</td>
<td></td>
<td>LIQ-LIC-106</td>
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<tr>
<td>❑ If application made by Agent, provide document establishing Agent’s relation to the Vessel Owner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Completed and Notarized Liquor License Application</td>
<td></td>
<td>LIQ-LIC-101</td>
</tr>
<tr>
<td>❑ Supplemental Information for Transient Vessel</td>
<td></td>
<td>LIQ-LIC-141</td>
</tr>
<tr>
<td>❑ Organizational Documents</td>
<td></td>
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<tr>
<td><strong>Sole Proprietor:</strong> Personal History and Affidavit or</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Corporation:</strong> Articles of Incorporation and List of Current Officers/Directors/Stockholders with 25% or more interest or</td>
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<td></td>
</tr>
<tr>
<td><strong>Partnership:</strong> Partnership Agreement and List of Current Partners or</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Limited Liability Company:</strong> Articles of Organization and List of Current Managers/Members or</td>
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<td></td>
</tr>
<tr>
<td><strong>If entity not above,</strong> provide Organizational Document and List of Current Principals</td>
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<td></td>
</tr>
<tr>
<td>❑ Financial Statement (not over 1 year old)</td>
<td></td>
<td>LIQ-LIC-138</td>
</tr>
<tr>
<td>❑ Photograph of the vessel (on 8-1/2”x11” paper)</td>
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<td></td>
</tr>
<tr>
<td>❑ Deck Plans showing the proposed liquor outlets, dance floors, etc. (on 8-1/2”x11” paper)</td>
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</tr>
</tbody>
</table>

**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 LICENCE APPLICATION

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

Liquor License # (if existing): _______________________

APPLICATION INFORMATION

2. Classification: _______________________
3. Kind: _______________________
4. Category: _______________________
5. 1st Event Date (For Catering / Specials / Transient Vessel):

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

17. NOTARY INITIAL: _______________________

Liquor License # (if existing): _______________________

Page 1 of 3
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)

<table>
<thead>
<tr>
<th>Option</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>INDIVIDUAL OR SOLE PROPRIETOR</td>
<td></td>
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<tr>
<td>Enter Applicant’s Resident Address:</td>
<td></td>
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<tr>
<td>CORPORATIONS ONLY</td>
<td></td>
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<tr>
<td>• Form LIQ-LIC-103 (Add/Delete Officers/ Directors) <em>(Includes shareholders owning twenty-five percent (25%) or more of business)</em></td>
<td>Total # of outstanding shares:</td>
</tr>
<tr>
<td>PARTNERSHIP OR LLC</td>
<td></td>
</tr>
<tr>
<td>• Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)</td>
<td>Partners are 21 years of age or older</td>
</tr>
<tr>
<td>UNINCORPORATED ASSOCIATION</td>
<td></td>
</tr>
<tr>
<td>• Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)</td>
<td>Individuals are 21 years of age or older</td>
</tr>
<tr>
<td>NON-PROFIT ENTITY</td>
<td></td>
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<tr>
<td>• Must provide proof of Non-Profit status</td>
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</tr>
</tbody>
</table>

### 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>
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</table>

Print Name

### 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)
SUPPLEMENTAL INFORMATION FOR TRANSIENT VESSEL
Rule 3-83-53.1

Date: ______________________

Applicant’s Name: ____________________ Liquor License # (if applicable): __________________

Applicant Contact Name: ____________________ Title: __________________

Phone: __________________ Fax: __________________ Email: __________________

Pier and Port which the vessel with berth: __________________

Name of the City and State, or Country of the vessel’s titled owner: __________________

Vessel Operator: __________________ Name of Vessel Owner: __________________

Arrival and Departure Date(s) and Time(s): __________________

Description of the vessel: __________________

☐ Attach Deck Plans showing the proposed liquor outlets, dance floors, and so forth.
☐ Attach a Photograph of the vessel on 8-1/2”x11” paper.
☐ Attach Organizational documents and information (see below).

Sole Proprietor:
1. Personal History and Affidavit (form# LIQ-LIC-129)

Partnership:
1. The Partnership Agreement
2. A list of the current partners to the partnership (form# LIQ-LIC-104)

Limited Liability Company
1. The Articles of Organization
2. A list of the current managers and current members of the company (form# LIQ-LIC-104)

Corporation:
1. The Articles of Incorporation
2. A list of current officers, current directors, and current stockholders of 25% or more of the outstanding capital stock of the corporation (form# LIQ-LIC-103)

If the proposed licensee is an entity not mentioned above, the following are required:
1. The Organizational document
2. A list of the current principals of the entity

SIGNATURE Vessel Owner or Authorized Agent ____________________ Date ____________________

PRINT Vessel Owner Name or Authorized Agent __________________________________________________________________________

Title ____________________

OFFICE USE:

Effective Date/Time From: ____________________ To: ____________________

LCIS ENTRY DATE: ____________________ HLC STAFF INITIAL: ____________________

LIQ-LIC-141

Rev. 08/09/16
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 DATE OF MARITAL
BIRTH ___________________________ (City, State) (MM / DD / YYYY) STATUS ___________________________

AGE ________

NO. OF YEARS YEAR NAME OF
COMPLETED IN HIGH SCHOOL ________ COMPLETED ________ SCHOOL ___________________________

(INCLUDE CITY AND STATE)

NO. OF YEARS YEAR NAME OF
COMPLETED IN COLLEGE ________ COMPLETED ________ COLLEGE ___________________________

(INCLUDE CITY AND STATE)

OTHER EDUCATION ____________________________________________

DATE ARRIVED IN CITIZENSHIP* ______________ 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 TO
MONTH/YEAR MONTH/YEAR POSITION EMPLOYER LOCATION

(If additional space is needed, please use reverse side)

NOTARY INITIAL: __________

Page 1 of 2

LIQ-LIC-129

Rev. 02/13/17
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 __________________________________________,

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 ________________________

NOTARY CERTIFICATION

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

__________________________  _______________________
Notary Signature  Date

(Place Notary Stamp or Seal here)

Page 2 of 2

LIQ-LIC-129  Rev. 02/13/17
**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

**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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th># of Shares</th>
<th>% of Ownership</th>
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<tbody>
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</table>

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.)

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>
<thead>
<tr>
<th>Add</th>
<th>Remove</th>
<th>Name</th>
<th>Title</th>
<th># of Shares</th>
<th>% of Ownership</th>
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</table>

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

INITIAL

Change to existing Members/Managers/Partners:

<table>
<thead>
<tr>
<th>Name</th>
<th>Change From</th>
<th>Change To</th>
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</table>

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.

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>
<thead>
<tr>
<th>ASSETS</th>
<th>AMOUNT</th>
<th>LIABILITIES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand</td>
<td></td>
<td>Notes Payable (Itemize)</td>
<td></td>
</tr>
<tr>
<td>Cash in following Banks:</td>
<td></td>
<td>Notes Receivable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accounts Payable</td>
<td></td>
</tr>
<tr>
<td>Notes Payable (Itemize)</td>
<td></td>
<td>Accounts Payable</td>
<td></td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
<td>Other Current Liabilities (Itemize)</td>
<td></td>
</tr>
<tr>
<td>Merchandise Inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, Investments (Itemize)</td>
<td></td>
<td>Mortgages or Liens on Real Estate</td>
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<td>(Itemize)</td>
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<tr>
<td>Real Estate (Itemize)</td>
<td></td>
<td>All Other Liabilities (Itemize)</td>
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<td>RESERVES - (Itemize)</td>
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<td>TOTAL LIABILITIES</td>
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<tr>
<td>Furniture and Fixtures</td>
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</tbody>
</table>
| FOR CORPORATION & LLC ONLY
| Machinery and Equipment                   |        | CAPITAL STOCK:                        |        |
| Automotives and Trucks                   |        | Preferred - Outstanding               |        |
| Other Assets (Itemize)                   |        | Common - Outstanding                  |        |
|                                           |        | SURPLUS AND UNDIVIDED PROFITS         |        |
|                                           |        | Net Worth (If unincorporated)         |        |
|                                           |        | TOTAL                                |        |
| FOR INDIVIDUAL ONLY                      |        |                                       |        |
|                                           |        | Total Liabilities                     |        |
|                                           |        | Net Worth                             |        |
|                                           |        | TOTAL                                |        |

EXPLANATION OF ASSETS AND LIABILITIES

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

<table>
<thead>
<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

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Rev. 08/28/18
<table>
<thead>
<tr>
<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: ____________________________________________