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

SUPPLEMENTAL INFORMATION FOR NON-PROFIT SPECIAL LICENSE

Submit this form with the Application for Liquor License form# LIQ-LIC-101
Rule 3-82-32.31

NON-PROFIT FEIN NO. _____

1. Name of applicant/organization: _____

2. Type of organization or club (check one):
   - ❑ Athletic
   - ❑ Charitable
   - ❑ Educational
   - ❑ Political
   - ❑ Social
   - ❑ Other (Specify): _____

3. Purpose of the event: _____

   How will this event benefit the applicant? _____

4. Purpose of your organization: _____

5. Address and location of event: _____

   _____

6. The event will be held on _____ _____ _____
   Day of the Week Month & Day Year

   Hours of the Event: from_____ to_____

7. Number of persons expected to attend:_____

8. Will advanced tickets be sold: ❑ Yes ❑ No Cost of Tickets: $_____ (each)

   How will monetary profits be distributed? _____

9. (If applicable) Entertainment will be provided by:_____

   Are any entertainers under 18 yrs. of age? ❑ Yes ❑ No If "yes", please attach a list of minors, their age, birthdates, and parental/guardian consent giving permission for minors to entertain on the premises.
   Name of adult responsible for minors during performance on the premises:_____

10. Person in charge of the event: _____ _____
    Print Name Position/Title

    Will a third party be involved in operating this event? ❑ Yes ❑ No Phone #: _____

Consent of Landlord. The Landlord Authorization for Sale & Service of Liquor (form# LIQ-LIC-142) is required as part of the application. All applicants must abide by all liquor laws of the State of Hawaii and the Rules of the Liquor Commission of the City and County of Honolulu pertaining to a Special license:

Section 281-71. Posting of license. The Special License must be posted and exposed to view on the premises, convenient for inspection on the day of the event.

_____ _____
SIGNATURE Director/Authorized Agent Date

_____ _____
PRINT Director/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.

OFFICE USE:

❑ Approved ❑ Denied

LCIS ENTRY DATE: _____ HLC STAFF Initial:_____ _____ _____
HLC Signature *Date*

One-Day Special License #: _____