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

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 BIRTH_____ **DATE OF BIRTH**_____ **AGE**_____ **MARITAL STATUS**_____
(City, State) **(MM / DD / YYYY)**

NO. OF YEARS COMPLETED IN HIGH SCHOOL_____ **YEAR COMPLETED**_____ **NAME OF SCHOOL**_____
(include City and State)

NO. OF YEARS COMPLETED IN COLLEGE_____ **YEAR COMPLETED**_____ **NAME OF COLLEGE**_____
(include City and State)

OTHER EDUCATION_____

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

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

NOTARY INITIAL:_____

Any relative in the liquor business? _____Yes _____No
If answer is "YES", complete the following:

Name of Person: _____ Relationship: _____

Name of Business: _____ Address: _____
(Full Street Address, City, State, Zip)

List your experience in liquor business: _____

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 on 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 _____, 20 _____, before me 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 executed the same in his/her authorized capacity(ies), and that by his/her signature on the aforementioned instrument the person upon behalf of which the person acted, executed the aforementioned instrument in free act and deed.

_____
Signature of Individual 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 _____

(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)