

Liquor Licensing Guidelines

Taubman

INTERNATIONAL
MARKET PLACE

In order to ensure that Tenants apply for their liquor licenses in a timely manner, and adhere to the requirements of the Liquor Commission of the City and County of Honolulu (the "Liquor Commission"); Taubman has established a relationship with **Kenneth Hoo with McCorriston Miller Mukai Mackinnon LLP**. Mr. Hoo is a liquor license attorney who is familiar with our project and experienced in the licensing process. His firm will work directly with each Tenant in order to facilitate applying for liquor licenses and guiding Tenants through the liquor licensing process.

Landlord strongly recommends that each Tenant retain Mr. Hoo to assist it in applying for its liquor license. Although each individual Tenant will be a client of Mr. Hoo's firm, Landlord agrees to reimburse the Tenant for any attorneys' fees paid to Mr. Hoo's firm in connection with applying for its liquor license and the licensing process. Landlord will require Tenant to submit the paid invoices to Landlord in order to obtain such a reimbursement.

The following are step and guidance Mr. Hoo has provided to Landlord that Tenants should follow in order to apply for a liquor license for International Market Place.

1. Contact IMP Liquor License Attorney:

- Kenneth Hoo
McCorriston Miller Mukai MacKinnon LLP
hoo@m4law.com
(808) 529-7300

2. Prepare a floor plan:

- The floor plan does not have to be an architect drawn floor plan, as long as it:
 - a) is drawn to scale
 - b) accurately reflects the lease premises including the permanent walls and structures therein
 - c) shows the major furniture, fixtures and equipment, including the hand sinks and dishwashing equipment. Depending upon the Department of Health Sanitation Branch inspector, the ranges, refrigerators and freezers must be shown
 - d) shows the occupancy and restrooms that are readily accessible and which meet the Sanitation Branch requirements based upon the occupancy. The inspector **usually** reviews and approves within a week. However, if the plan is deficient, the inspector will notify the applicant to correct the plan and resubmit.
 - e) Any revisions to the floor plan initially submitted to the Liquor Commission will need to be resubmitted and approved by the Liquor Commission which will delay the licensing process.

3. Complete forms provided:

- Enter the Tenant's premises address where indicated on forms as follows:
 - a) International Market Place
List Store/Trade Name Here
**2330 Kalakaua Ave., List Space Number Here*
Honolulu, HI 96815

[*Please note that Tenants should not use this address as an active address to send mail during construction. Information on where to send mail or other deliveries will be provided at a later date]

- Enter the Tax Map Key (TMK) number where indicated on the form:
 - a) 2-6-022:036-039 AND 43
 - Enter Kenneth Hoo as Authorized Agent where indicated on forms
4. Prepare background info.:
- If a tenant owns and/or manages other restaurant(s), please include background information on tenant's other restaurant(s) (especially if the restaurant(s) is/are the same trade name as the restaurant to be operated at IMP) to establish that the tenant has experience operating successful restaurants)
 - Key points to summarize:
 - a) Restaurant name
 - b) Location
 - c) Menu
 - d) Interior / exterior photos
 - e) Years in operation
 - f) Reviews if helpful
5. Contact Landlord's attorney, Michele Walton, to obtain documentation to submit as required to demonstrate Tenant/Landlord relationship as it pertains to the lease premises. Please do NOT submit a copy of Tenant's lease to any agency without receiving Landlord's prior written approval, as this is a confidential document.
- Michele L. Walton
Vice President, Senior Counsel
Taubman
mw Walton@taubman.com
(248) 258-7225
6. Submit all documents to Kenneth Hoo for filing

Any questions pertaining to the liquor licensing process specifics, please contact Kenneth Hoo at (808) 529-7300.

**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

New Liquor License Application - CHECK LIST

SUBMIT YOUR APPLICATION PACKAGE IN THE FOLLOWING ORDER:	Form Number	HLC Initial
<input type="checkbox"/> Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
<input type="checkbox"/> Completed and Notarized Liquor License Application	LIQ-LIC-101	
<input type="checkbox"/> Corporation: Articles of Incorporation or Partnership: Partnership Agreement or LLC: Articles of Organization & Operating Agreement	LIQ-LIC-103 LIQ-LIC-104 LIQ-LIC-104	
<input type="checkbox"/> Certificate of Good Standing (not over 60 days old) for Corporation/Partnership/LLC. Request online using the following website: http://hbe.ehawaii.gov/documents/search.html		
<input type="checkbox"/> Certificate of Trade Name (T-1) or Assignment of Trade Name (T-4) T-1 Form http://cca.hawaii.gov/breg/files/2013/12/t-1.pdf T-4 Form http://files.hawaii.gov/dcca/breg/registration/forms/t-4.pdf (If dba/trade name is not a Corporate or LLC Name)	Form T-1 or Form T-4	
<input type="checkbox"/> Financial Statement (not over 1 year old)	LIQ-LIC-138	
<input type="checkbox"/> Verification of funds Original letter from the bank, copies of bank statements or loan documentation		
<input type="checkbox"/> Personal History & Affidavit Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC	LIQ-LIC-129	
<input type="checkbox"/> Read and review Instructions for Submitting a Fingerprint Card	LIQ-LIC-147	
<input type="checkbox"/> Floor Plan Drawn to Scale - <i>Must have Hawaii State Dept. of Health stamp for on premise consumption licenses. (Sanitation Branch Phone: (808)586-8000, Address: 591 Ala Moana Blvd.)</i>		
<input type="checkbox"/> Copy of Floor Plan Drawn to Scale Reduced to 8-1/2"x11" Must include the proposed Licensed Area Outlined in "red"		
<input type="checkbox"/> Copy of Consent or Conveyance of the Use of the Property		
<input type="checkbox"/> 4"x6" Photo of Frontage of Proposed Premise Mounted or Printed on 8-1/2"x11" paper		
<input type="checkbox"/> Tax Map Key (TMK) to scale (1" to 40', 50', or 60' scale) 2 Separate Lists for each of the following (List 1=Within 100', List 2=Between 100' and 500')		
<input type="checkbox"/> Lists of Property Owners & Lessees		
<input type="checkbox"/> Lists of Condos and Co-ops		
<input type="checkbox"/> Lists of all Small Businesses (Hotel, Restaurant & Retail Stores exempt from submitting small business list.)		
<input type="checkbox"/> Payment by Cashier's Check or Money Order payable to: City & County of Honolulu or Mastercard/VISA or Cash. Amount Due: \$2,250.00		
DURING THE APPLICATION PROCESS, SUBMIT THE FOLLOWING: Avoid delay, submit promptly		
<input type="checkbox"/> Criminal History Record Clearance Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC, Manager(s) & Member(s) of Manager-Managed LLC	LIQ-LIC-132	
<input type="checkbox"/> Voter List within a 500' radius of proposed liquor establishment Complete "Affidavit on Application for Statewide Voter Registration Data Form" & Mail to: <u>Office of the City Clerk, City Hall, 530 S. King Street, Room 100, Honolulu, HI 96813</u> Phone: (808)768-3800 (Application can be submitted with Statement of Affirmation Form prior to receiving the Voter List.)	LIQ-LIC-139 LIQ-LIC-140 Statement of Affirmation (optional)	
<input type="checkbox"/> Zoning Clearance	LIQ-LIC-122	
<input type="checkbox"/> If your business is located in the Kakaako/Kalaeloa Area, Zoning Clearance is required from HCDA (Hawaii Community Development Authority) Use the HCDA Request for Zoning Clearance form http://dbedt.hawaii.gov/hcda/permits/ (Application can be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance.)	LIQ-LIC-140 Statement of Affirmation (optional)	
<input type="checkbox"/> New Restaurant Licensees only – if not previously operated as an establishment serving meals, provide a business plan demonstrating the applicant's ability to meet the minimum 30% gross revenue sale of foods required.		

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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**APPLICATION FOR
LIQUOR LICENSE**

DO NOT FILL IN THIS SPACE	
APPLICATION NO.	
License Fee	
Publication Cost	
TOTAL	
<input type="checkbox"/> CASH	RECEIPT #
<input type="checkbox"/> CREDIT CARD	
<input type="checkbox"/> CHECK:	

Application type:

- New
- Transfer
- Change Existing
- Temporary
- Caterer
- Special _____

Current License No. (if applicable)
--

Applicant type:

- Individual
- Corporation
- Partnership or LLC
- Unincorporated Association
- Non-Profit Entity
- Other _____

Classification:	Kind:	Category:	Date (If applicable):
Applicant/Owner Full Name:	FEIN:		State GE Tax #:
	DCCA Entity #:		Non-Profit Tax #:
Applicant/Owner Mailing Address:	Applicant Phone #:	Applicant Fax #:	
	Applicant Email Address:		
Primary Contact Mailing Address:	Primary Contact:	Primary Contact Phone #:	
	Primary Contact Email Address:		
Trade Name/DBA:			
Premise Physical Address: (A floor plan, drawn to scale, attached to this application)		Tax Map Key #:	

C H E C K O N E A P P L I C A N T T Y P E	<input type="checkbox"/> INDIVIDUAL ONLY Applicant's Resident Address:	<input type="checkbox"/> Applicant is 21 years of age or older
	<input type="checkbox"/> CORPORATION ONLY (To be signed and verified by oath of proper officers of corporation.) <input type="checkbox"/> Attach List of Officers/Directors (OFFICERS/DIRECTORS FORM LIQ-LIC-103) (REQUIRED: Stockholders owning twenty-five percent (25%) or more of outstanding Capital stock)	Total shares outstanding:
	<input type="checkbox"/> PARTNERSHIP OR LLC (To be signed and verified by oath of a majority of the general partners, majority of members, or the manager(s).) <input type="checkbox"/> Attach list of members (MEMBERS FOR PARTNERSHIP, LLC, UNINCORPORATED ASSOCIATION FORM LIQ-LIC-104)	<input type="checkbox"/> Partners are 21 years of age or older
	<input type="checkbox"/> UNINCORPORATED ASSOCIATION ONLY (To be signed and verified by oath of proper officers of unincorporated association.) <input type="checkbox"/> Attach list of members (MEMBERS FOR PARTNERSHIP, LLC, UNINCORPORATED ASSOCIATION FORM LIQ-LIC-104)	<input type="checkbox"/> Individuals are 21 years of age or older
	<input type="checkbox"/> NON-PROFIT ENTITY FOR NOT-FOR-PROFIT EVENT ONLY <input type="checkbox"/> Attach proof of IRS Non-Profit Status <input type="checkbox"/> Attach SUPPLEMENTAL INFORMATION FOR A ONE-DAY SPECIAL LICENSE LIQ-LIC-107	

NOTARY INITIAL: _____

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**ADD OR DELETE OFFICERS/DIRECTORS
CORPORATION ONLY**

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

Effective Date of Change: _____ License # (if existing): _____

Licensee Name: _____

Doing Business As (DBA): _____

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

Premise Address: _____

Phone: _____ Fax: _____ Email: _____

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

IF ADDING A NEW OFFICER/DIRECTOR, 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.)

<input type="checkbox"/> Add <input type="checkbox"/> Delete	<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

_____ 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) _____

.....
OFFICE USE: Approved Denied

LCIS ENTRY DATE: _____ HLC STAFF Initial: _____

HLC Signature Date

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**ADD OR DELETE MEMBERS/MANAGERS/PARTNERS
FOR LLC, PARTNERSHIP OR UNICORPORATED ASSOCIATION**

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

Effective Date of Change: _____ License # (if existing): _____

Licensee Name: _____

Doing Business As (DBA): _____

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

Premise Address: _____

Phone: _____ Fax: _____ Email: _____

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

IF ADDING A NEW MEMBER/MANAGER/PARTNER, 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.)

Add <input type="checkbox"/>	Delete <input type="checkbox"/>	<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

INITIAL I certify that all Members/Managers/Partners listed above are at least 21 years of age.

SIGNATURE Licensee (Owner)/Authorized Agent DATE

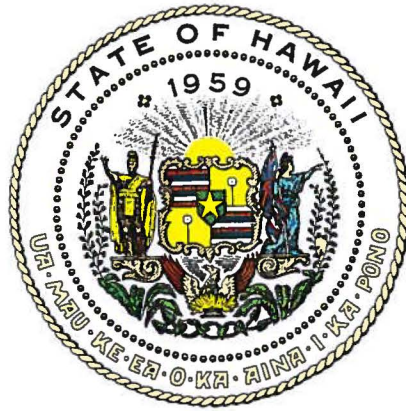
PRINT Licensee (Owner)/Authorized Agent

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) _____

.....
OFFICE USE: Approved Denied

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



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

organized under the laws of Delaware

was duly registered to do business in Hawaii as a foreign limited liability company on 08/01/2013, and that, as far as the records of this Department reveal, has complied with all of the provisions of Chapter 428, Hawaii Revised Statutes, regulating foreign limited liability companies.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 28, 2015

Director of Commerce and Consumer Affairs



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



APPLICATION FOR REGISTRATION OF TRADE NAME

(Chapter 482, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. Applicant's Name: _____

Applicant's Address: _____

(including city, state, and zip code)

2. Registration is (check one): New OR Renewal (Certificate No. _____)

3. Status of Applicant (check only one): Sole Proprietor Corporation Partnership LLC LLP

Unincorporated Association OR Other (explain): _____

4. If applicant is an entity, list state or country of incorporation/formation/organization: _____

5. Trade Name is: _____

6. Applicant is (check one): Originator of name OR Assignee (one to whom name was assigned to by another)

7. Nature of business for which the trade name is being used: _____

I certify, under the penalties set forth in Section 482-51, Hawaii Revised Statutes, that (check one): I am the applicant OR

I am the _____ of the applicant named in the foregoing application, I am authorized to sign this

(Office Held)

application, and that the above statements are true and correct to the best of my knowledge and belief.

(Print Name)

(Signature)

(Date)

SEE INSTRUCTIONS ON REVERSE SIDE. Application must be certified by the applicant if an individual. For corporations, application must be signed by an authorized officer of the corporation. General or limited partnerships must be signed by a general partner. For LLC, must be signed and certified by a manager of a manager-managed company or by a member of a member-managed company. LLP must be signed and certified by a partner.

(DEPARTMENTAL USE ONLY)

Certificate of Registration No. _____

CERTIFICATE OF REGISTRATION OF TRADE NAME

In accordance with the provisions of Chapter 482, Hawaii Revised Statutes, this Certificate of Registration is issued to secure the aforesaid applicant

the use of the said TRADE NAME throughout the State of Hawaii for the term of five years from _____

to _____.

REGISTRATION OF A TRADE NAME WITH
THE DEPARTMENT DOES NOT GRANT
YOU OWNERSHIP OF THE TRADE NAME

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

Dated: _____

(Director of Commerce and Consumer Affairs)

INFORMATION FOR APPLICANTS FOR REGISTRATION OF TRADE NAMES

REGISTRATION OF A TRADE NAME WITH THE DEPARTMENT DOES NOT GRANT YOU OWNERSHIP OF THE TRADE NAME.

Section 482-2, Hawaii Revised Statutes, provides that an applicant for registration of trade name must file an application with the Director of Commerce and Consumer Affairs, certifying that the applicant is the sole and original proprietor of the trade name or the assign of the proprietor. Ownership of a trade name is acquired by adoption and use of the trade name. Before filing an application, an applicant should check the computerized list of registered names to determine if there is a registration that is substantially identical to the name he wishes to register. A check should also be made in the telephone directory of each island, the city directory and with the Department of Taxation. When an application is filed, the Business Registration Division will make a search of the registrations on record to determine that there is no other registration that is the same or substantially identical to the trade name applied for.

Section 482-3, HRS, provides that the registration will be for a term of five years from the date of filing. Registrations may be renewed for additional periods of five years from the date of renewal by filing an application and \$50.00 fee within six months prior to the expiration date.

Section 482-6, HRS, provides that if, after registration with the Director of Commerce and Consumer Affairs, the trade name is not used by the registrant for any period of 365 consecutive days, the trade name shall be subject to revocation. Any person desiring such revocation is required to file a verified petition with the Director requesting revocation of the trade name and setting forth facts indicating such nonuse by the registrant for a period of 365 consecutive days immediately preceding the date of filing of the petition. After granting an opportunity for hearing to the petitioner and registrant, the Director shall grant or deny the petition as the facts shall warrant.

Section 482-8, HRS, provides that any person claiming to be the owner of a trade name for which a certificate of registration has been issued to any other person, may file a verified petition with the Department for the cancellation of such registration setting forth facts in support of the claim for ownership. After granting an opportunity for hearing to the petitioner and registrant, the Director shall grant or deny the petition as the facts shall warrant.

Instructions: Application must be typewritten or printed in **black ink**, and must be **legible**. Signature must be in **black ink**. Submit application together with the appropriate fee.

Application must be signed by the applicant if an individual. For **corporations**, application must be signed by an authorized officer of the corporation. For **general or limited partnerships**, application must be signed by a general partner. For LLC, application must be signed by a manager of a manager-managed company or by a member of a member-managed company. For LLP, application must be signed by a partner.

- Line 1. State the full name of the applicant. State the complete address (including city, state, and zip code) of the applicant.
- Line 2. Check whether the trade name to be registered is a new registration or a renewal of an existing registration. Renewals must be received prior to the expiration date of the current registration.
- Line 3. Check one of the blocks to indicate the status of the applicant. If you check "Other," you must explain what type of entity the applicant is.
- Line 4. If the applicant is a corporation, partnership, or limited liability company, list the state or country in which it was incorporated, formed or organized.
- Line 5. State complete trade name to be registered. This form is not to be used to register the name of a new corporation, partnership, or limited liability company.
- Line 6. Check whether the applicant is the originator of the trade name being registered, or whether the trade name was assigned to the applicant.
- Line 7. State the nature of business to be transacted under the trade name.

Filing Fees: *Filing fee (\$25.00) is not refundable. Temporary fee reduction until 12/31/2015.* Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign:

Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).
Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST. ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)

FINANCIAL STATEMENT
Supplement to Application for Liquor License
 Rule 3-83.53.1

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 _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash on Hand		Notes Payable (Itemize)	
Cash in following Banks:			
		Accounts Payable	
Notes Receivable			
Accounts Receivable			
Merchandise Inventory		Other Current Liabilities (Itemize)	
Stocks, Bonds, Investments (Itemize)			
		Mortgages or Liens on Real Estate (Itemize)	
Real Estate (Itemize)			
		All Other Liabilities (Itemize)	
		TOTAL LIABILITIES	
		Reserves - (Itemize)	
Furniture and Fixtures		FOR CORPORATION & LLC ONLY	
Machinery and Equipment		CAPITAL STOCK:	
Automobiles 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		Total Liabilities and Net Worth	

EXPLANATION OF ASSETS AND LIABILITIES

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

DESCRIPTION AND ADDRESS	VALUE OF LAND	VALUE OF IMPROVEMENTS	TOTAL VALUE	INCUMBRANCE

INSTRUCTIONS TO SUBMIT FINGERPRINTING
(Effective February 1, 2015)

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 \$44.75 (for electronic finger printing), 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 \$49.75 (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 \$49.75 processing fee (per individual), and the verification letter to the HLC.
- Electronic fingerprinting not available, hardcopy ink printing only.

PERSONAL CHECKS OR CASH WILL NOT BE ACCEPTED FOR FINGERPRINTING.

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. **ALL INDIVIDUAL APPLICANTS, CORPORATION OFFICERS AND DIRECTORS, AND STOCKHOLDERS OWNING OR CONTROLLING TWENTY-FIVE PERCENT OR MORE OF OUTSTANDING CAPITAL STOCK:**

- (1) The above must complete the "REQUEST FOR A CRIMINAL HISTORY RECORD CLEARANCE FOR LIQUOR LICENSE" form, copies of which are in the Liquor License Application package.
- (2) The form is returned to the Honolulu Liquor Commission.

LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
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INTERNET ADDRESS: www.honolulu.gov/liq

C O N F I D E N T I A L

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:

NAME: LAST: _____
 First: _____
 Middle: _____

Any Alias(es) / Former Name(s) / including Maiden Name: _____

Social Security No.: _____ Date of Birth: _____ Sex: M F

Race: _____ Height: _____ Weight _____ Color of Eyes: _____ Color Hair: _____

Licensee: _____ DBA: _____

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.

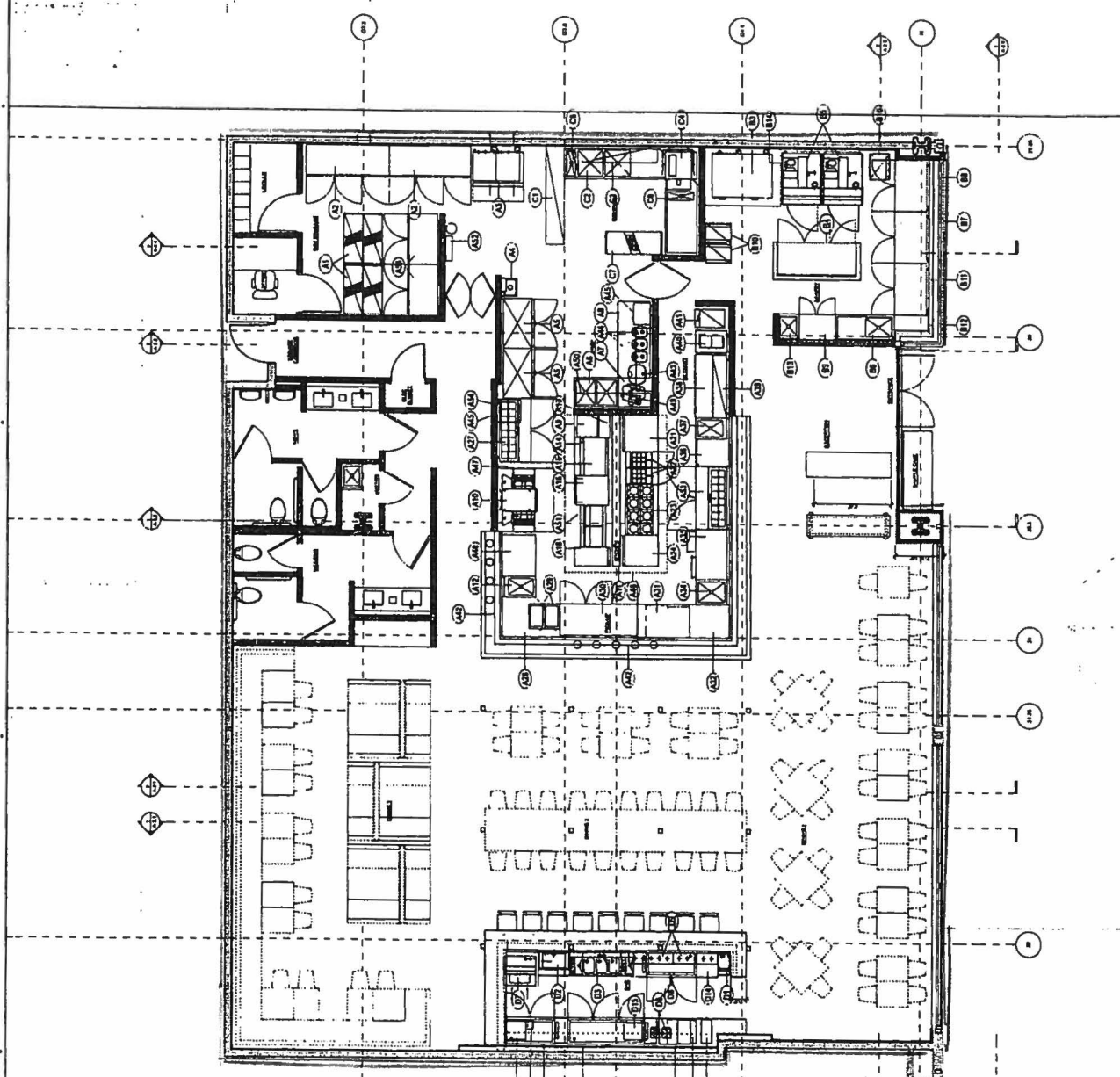
I certify under the penalty of perjury that the above statements are true, complete and correct to the best of my knowledge and belief. I authorize the Honolulu Liquor Commission to obtain information from the Federal Bureau of Investigation, the Criminal Justice Data Center, the Department of the Attorney General, or from any individual listed in my application for a liquor license, and waive the right to hold those persons liable in determining my qualifications for a liquor license. I understand that this clearance is valid for license application/reapplication purposes for up to six (6) months after clearance date.

Applicant's Signature: _____ Date: _____

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

HCJDC Administrator: _____ Date: _____

SAMPLE



**PRELIMINARY
LIQUOR DISPENSER
PLAN APPROVAL**

Date 4/13/15
By [Signature]

**SANITATION BRANCH
DEPARTMENT OF HEALTH**

SAMPLE

NEW KITCHEN EQUIPMENT SCHEDULE

ITEM	DESCRIPTION	QTY	UNIT	EST. PRICE	TOTAL PRICE	DATE	STATUS	REMARKS	EST. PRICE	TOTAL PRICE	DATE	STATUS	REMARKS
A1	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A2	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A3	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A4	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A5	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A6	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A7	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A8	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A9	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A10	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A11	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A12	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A13	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A14	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A15	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A16	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A17	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A18	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A19	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A20	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A21	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A22	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A23	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A24	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A25	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A26	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A27	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A28	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A29	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A30	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A31	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A32	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A33	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A34	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A35	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A36	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A37	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A38	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A39	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A40	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A41	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A42	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A43	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A44	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A45	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A46	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A47	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A48	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A49	STAIN SINK	1	100	100	100			STAIN SINK	100	100			
A50	STAIN SINK	1	100	100	100			STAIN SINK	100	100			

SAMPLE

KANEKAPOLEI PL.

WALINA PL.

NAHUA PL.

NOHONANI PL.

AVENUE

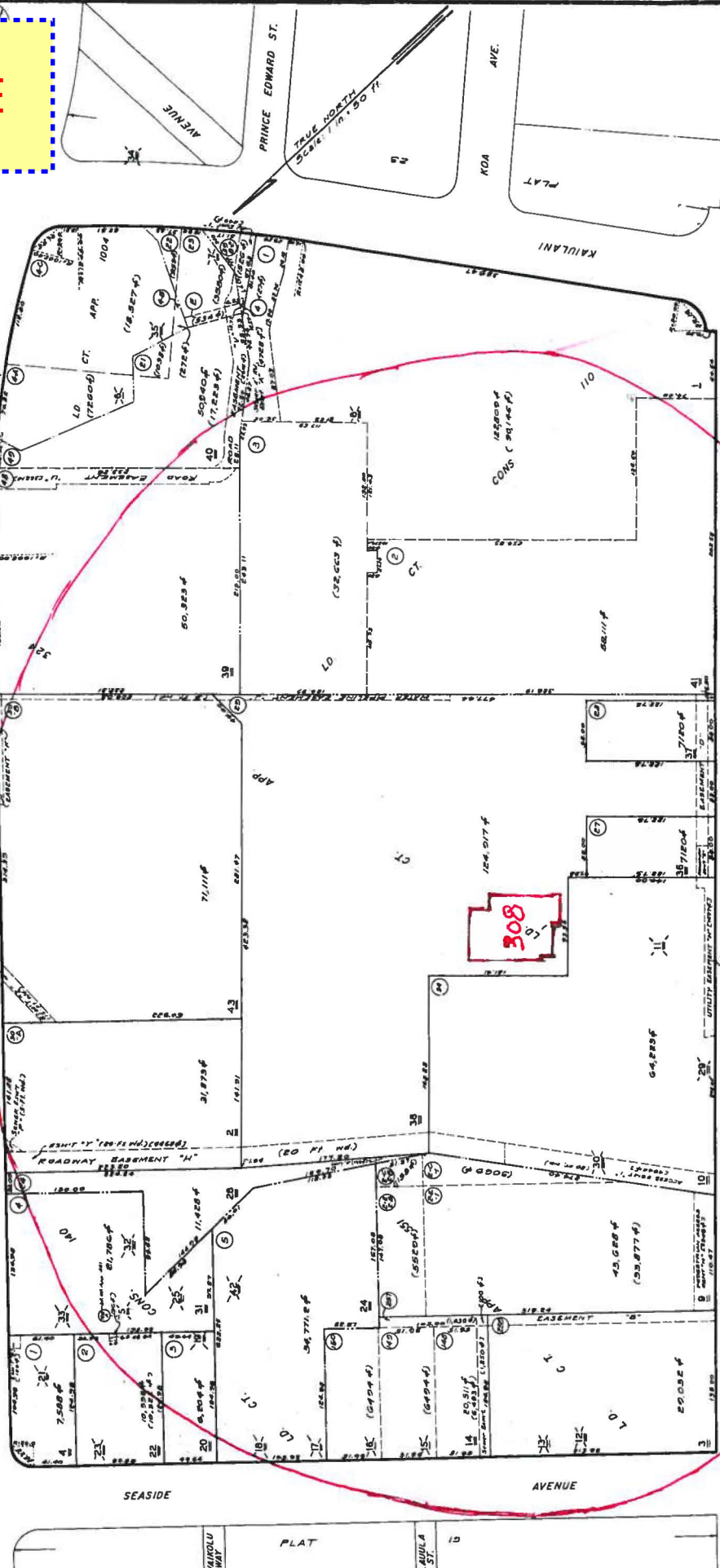
KUHIO

SEASIDE

PLAT

10

DWG. NO. 732 Revised 6/18/65 by HNS/VALS
SOURCE: L.D. CT. APP. 310,320,324,350,359,361,1004 & 1577
BY: T.A/HAR DATE: AUGUST 26, 1952



O. S. ST. MON. 1952 O. S. H. 1952 O. S. H. 'LEANI'

DROPPED PARCELS:
1. PARCELS 5, 7, 8, 12, 13, 14, 17, 18, 23, 24,
25, 26, 27, 28, 29, 30, 31, 32, 33, 34,
PROPERTY ASSIGNMENT DIVISION
TAX MAPS BRANCH
TAX MAP

ZONE	CITY	TAXATION DIVISION	PLAT
2	6	22	

POR WAIKIKI, HONOLULU, OAHU

FOR REAL PROPERTY TAXATION PURPOSES
SUBJECT TO CHANGE

TMK DATA



<u>ixk</u>		<u>Address</u>	<u>Owner/Lessee</u>
2-6		4 KAIULANI	KYO-YA KAIULANI LLC
2-6		99 KUHIO	QUEEN EMMA FOUNDATION
		AVE	THE RB WAIKIKI LLC
2-6-22-9	Waikiki	F 2280 KALAKAU	HI 120 DEVELOPMENT INC
		AVE	
2-6-22-10	Waikiki	L 2288 KALAKAU	QUEEN EMMA FOUNDATION
		AVE	RP & OE WAIKI BEACHCOMBER LLC
2-6-22-24	Waikiki	F 333 SEASIDE	HI 120 DEVELOPMENT INC
		AVE	
2-6-22-28	Waikiki	F KUHIO AVE	QUEEN EMMA LAND CO/ETAL
2-6-22-31	Waikiki	F 2265 KUHIO	QUEEN EMMA LAND CO/ETAL
		AVE	
2-6-22-36	Waikiki	L 2324 KALAKAU	QUEEN EMMA LAND CO
		AVE	WAIKIKI TRADER CORP
2-6-22-37	Waikiki	L 2332 KALAKAU	QUEEN EMMA LAND CO
		AVE	TRG IMP LLC
2-6-22-38	Waikiki	L 2290 KALAKAU	QUEEN EMMA LAND CO
		AVE	INTERNATL MKT PLACE CORP/ETAL
2-6-22-39	Waikiki	L 2345 KUHIO	QUEEN EMMA FOUNDATION
		AVE	THE MIRAMAR HOTEL (HAWAII) INC/ETAL
2-6-22-41	Waikiki	F 2340 KALAKAU	KYO-YA KAIULANI LLC
		AVE	
2-6-22-43	Waikiki	F 2301 KUHIO	QUEEN EMMA FOUNDATION
		AVE	THE

LIQUOR LICENSE COMPLIANCE

AFFIDAVIT ON APPLICATION FOR STATEWIDE VOTER REGISTRATION DATA

STATE OF HAWAII

- County of Hawaii
- County of Kauai } SS
- County of Maui
- City and County of Honolulu

1. Pursuant to Hawaii Revised Statutes §11-97, the undersigned hereby makes application to:

- Purchase Voter Registration Data on Tape/Cartridge/CD
- Review/Purchase Roster of Registered Voters
- Purchase Voter Registration Street Data on Tape/Cartridge/CD
- Review/Purchase Affidavit of Registration
- Other _____

2. Pursuant to Hawaii Administrative Rules §3-172-31 (c), the undersigned seeks this information for the following election or government purpose (be specific):

For use with compliance/protest of liquor license application pursuant to Hawaii Revised Statutes Chapter 281. Usage is limited for this express purpose.

3. Pursuant to Hawaii Administrative Rules §3-172-31 (c), "government agencies may additionally obtain social security number and date of birth information, provided that the requesting agency furnish valid reasons justifying the need for such information."

Is your agency seeking social security number and date of birth information:

- Yes
- No

If "Yes", please set forth the specific reasons why this information is required:

TMK(s) : _____
 Street Address _____
 Name of Establishment _____
 District/Precincts of
 area of establishment (see election map) _____

4. The undersigned fully understands and hereby affirms under penalty of law that the voter registration data shall be used only for election or governmental purposes and not for any other purposes unless specifically authorized by law.

_____	_____
Name/Organization	Title
_____	_____
Address	Telephone
_____	_____
Signature	Date

WARNING: PURSUANT TO CHAPTER 19 OF THE HAWAII REVISED STATUTES, ANY PERSON KNOWINGLY PROVIDING FALSE INFORMATION MAY BE GUILTY OF A CLASS C FELONY, PUNISHABLE BY UP TO 5 YEARS IMPRISONMENT AND/OR \$10,000 FINE.

Approved by:

City Clerk (City and County of Honolulu)

County Clerk of Hawaii

County Clerk of Maui

County Clerk of Kauai

Date _____

**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

**STATEMENT OF AFFIRMATION
(Voter List & Zoning Clearance)**

New Liquor License Application Transfer Liquor License Application

Date: _____

Applicant Trade Name/DBA: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

I've submitted a request for a Voters List to the Office of the City Clerk on _____
Date

I've submitted for Zoning Clearance to the Dept. of Planning & Permitting or HCDA
(Hawaii Community Development Authority) if licensed premises is located in the
Kakaako or Kalaeloa area. _____
Date

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

SIGNATURE Applicant Date

PRINT Applicant Title

.....
OFFICE USE:

Approved Denied

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

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

REQUEST FOR ZONING CLEARANCE

Rule 3-83-53.1(a)(2)

The Liquor Commission requires a zoning clearance for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Department of Planning & Permitting (DPP). There is a **\$150.00 filing fee**. Cash or check payable to: City & County of Honolulu. After obtaining a clearance from DPP, you must return to the Liquor Commission with this original document.

To: City & County of Honolulu, Department of Planning & Permitting 650 S. King St., 1st Floor, Honolulu, HI., 96813

Applicant to complete information in this block only.

Do not cross out or erase information. If corrections are necessary, please complete a new form.

1. Name of Applicant: _____
 Trade Name (DBA): _____
2. Applicant's Mailing Address: _____
3. Phone No.: _____ Contact Person: _____
4. Site (business) Address: _____
5. Tax Map Key (TMK) of site: _____
6. This is a: New Application Transfer Application Re-Classification Extension of Premises
 Change of Location 90-day Trial Period for Entertainment Outside Warehouse
7. For new applications, changes of location, or as requested for any applications by the DPP, attach a copy of the floor plans, including a location map and description of where business is situated within the building.
8. Type of business intended at site: _____
9. Other business on TMK parcel: Yes No
 If "Yes", specify type (i.e., Hotel, Shopping Center, etc.): _____
10. Class/Category of Liquor License applied for: _____

 SIGNATURE Licensee (Owner)/Authorized Agent

 PRINT Licensee (Owner)/Authorized Agent

 Date

FOR DEPARTMENT OF PLANNING & PERMITTING USE ONLY:

Zoning District: _____

- Use is NOT PERMITTED
 Use is PERMITTED
 Use is PERMITTED WITH CONDITIONS

The applicant is hereby notified that zoning clearances may require up to three weeks of research by the Department of Planning & Permitting (DPP). Approval by the DPP does NOT constitute liquor license approval or approval of any required building permits.

COMMENTS: _____

 SIGNATURE Department of Planning & Permitting

 DATE