Liquor Licensing Guidelines



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 <u>usually</u> 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 mwalton@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.

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249 PHONE (808) 768-7300 • FAX (808) 768-7311 INTERNET ADDRESS: www.honolulu.gov/lig

New Liquor License Application - CHECK LIST

S	JBMIT YOUR APPLICATION PACKAGE IN THE FOLLOWING ORDER:	Form Number	HLC
	Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
	Completed and Notarized Liquor License Application	LIQ-LIC-100	
-		LIQ-LIC-101	
	Corporation: Articles of Incorporation <u>or</u> Partnership: Partnership Agreement or	LIQ-LIC-103	
	LLC: Articles of Organization & Operating Agreement	LIQ-LIC-104	
	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		
	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	Form T-1 or	
	T-4 Form http://files.hawaii.gov/dcca/breg/registration/forms/t-4.pdf	Form T-4	
	(If dba/trade name is not a Corporate or LLC Name)		
	Financial Statement (not over 1 year old)	LIQ-LIC-138	
	Verification of funds		
	Original letter from the bank, copies of bank statements or loan documentation		
	Personal History & Affidavit		
	Required for all Officers, Directors, 25%+ Stockholders, Member(s) of Member-Managed LLC,	LIQ-LIC-129	
	Manager(s) & Member(s) of Manager-Managed LLC		
	Read and review Instructions for Submitting a Fingerprint Card	LIQ-LIC-147	
	Floor Plan Drawn to Scale - Must have Hawaii State Dept. of Health stamp for on premise consumption		
	licenses. (Sanitation Branch Phone: (808)586-8000, Address: 591 Ala Moana Blvd.)		
	Copy of Floor Plan Drawn to Scale Reduced to 8-1/2"x11"		
-	Must include the proposed Licensed Area Outlined in "red"		
	Copy of Consent or Conveyance of the Use of the Property		
	4"x6" Photo of Frontage of Proposed Premise Mounted or Printed on 8-1/2"x11" paper		
	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')		
	Lists of Property Owners & Lessees		
	Lists of Condos and Co-ops		
	Lists of all Small Businesses (Hotel, Restaurant & Retail Stores exempt from submitting small business list.)		
μ	Payment by Cashier's Check or Money Order payable to: City & County of Honolulu or Mastercard/VISA or Cash. Amount Due: \$2,250.00		
DI	JRING THE APPLICATION PROCESS, SUBMIT THE FOLLOWING: Avoid delay, submit promptly	H-14141H	
	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	
		LIQ-LIC-139	
	Voter List within a 500' radius of proposed liquor establishment	LIQ-LIC-139	
	Complete "Affidavit on Application for Statewide Voter Registration Data Form" & Mail to:	Statement	
ļ	Office of the City Clerk, City Hall, 530 S. King Street, Room 100, Honolulu, HI 96813	of	
	Phone: (808)768-3800 (Application can be submitted with Statement of Affirmation Form prior to	Affirmation	
<u> </u>	receiving the Voter List.)	(optional)	
	Zoning Clearance	LIQ-LIC-122	
	If your business is located in the Kakaako/Kalaeloa Area, Zoning Clearance is required from HCDA	LIQ-LIC-140 Statement	
	(Hawaii Community Development Authority) Use the HCDA Request for Zoning Clearance form	of	
	http://dbedt.hawaii.gov/hcda/permits/ (Application can be submitted with Statement of Affirmation	Affirmation	
	Form prior to receiving Zoning Clearance.)	(optional)	
	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: <u>liq-licensing@honolulu.gov</u>

	CITY AND COUN 711 KAPIOLANI BOULEVARD, SUIT PHONE (808) 768-73(COMMISSION ITY OF HONOLULU E 600, HONOLULU, HAWAII 96813 00 • FAX (808) 768-7311 S: www.honolulu.gov/lig	-5249	
Ν	IOTIFICATION OF Rule	AUTHORIZED AG 3-81-19.3	BENT	
🖵 Limi	ted Representation $^{m{\star}}$	Unlimited Re	epresentation	
Effective Date/Time From: Maximum representation is up	to one (1) year.	То	5 A 6 88 8 8 4 5 5	
License No				
Licensee Name:	an and a start where a start of the start of			
Doing Business As (DBA):				
Premise Address:				
			1.2	
Licensee Contact Name:		Title:		
Phone:	Fax:	Email:		
Authorized Agent Name:		Title:		
Phone:				
SIGNATURE Agent		Date		
PRINT Agent Name				
Licensee authorizes above agent and County of Honolulu Liquor Co				
* Authorized Agent Limi	tations:			
SIGNATURE Licensee (Owner)		Date		
PRINT Licensee (Owner)				
	OFF	ICE USE:	Approved 🛄 (Denied
LCIS ENTRY DATE:	HI C STAFF	Initial:		
			HLC Signature	Date

7	LIQUOR CO CITY AND COUNT 11 KAPIOLANI BOULEVARD, SUITE		249 D	O NOT FILL IN THIS	SPACE	
	PHONE (808) 768-7300 • FAX (808) 768-7311 APPLICAT INTERNET ADDRESS: www.honolulu.gov/lig					
	APPLICAT	ION FOR	Licens	e Fee		
	LIQUOR L	ICENSE	Public	ation Cost		
				TOTAL SH RECEI	DT #	
Application type:		Applicant type:	2 - C	EDIT CARD		
Transfer Change Existing	Current License No. (if applicable)	 Corporation Partnership or 	11.0			
		Unincorporate		tion		
Caterer		Non-Profit Ent				
Special	- 165	Other				
Classification:	Kind:	Category:		Date (If applicable)		
Applicant/Owner	-	FEIN:		State GE		
Full Name:				Tax #:		
		DCCA Entity #:		Non-Profit Tax #:		
Applicant/Owner Mailing Address:		Applicant Phone #:	Apr	blicant Fax #:		
69		Applicant Email Address:) –		
Primary Contact Mailing Address:		Primary Contact:		mary Contact Phone	#:	
		Primary Contact Email Addre	() -		
		Frimary Contact Email Addre				
Trade Name/DBA:					e a car anno anna sao a sao a	
Premise Physical Address: (A floor plan, drawn to scale, attached to this application)		Ta	Map Key #			
C INDIVIDUAL ONLY H Applicant's Resident Address: C K				Applicant is of age or o	s 21 years Ider	
O N E Attach List of Officers/Directors ((REQUIRED: Stockholders owning				Total shares of	utstanding:	
P P D P P C To be signed and verified by oath of a major Attach list of members (MEMBER C	ority of the general partners, majority of the general partners, majority of the Source of the second s	of members, or the manager(s).) CORPORATED ASSOCIATION FOR	VI LIQ-LIC-104) Partners an years of ag		
A N T (<i>To be signed and verified by oath of proper</i> Attach list of members (MEMBER	officers of unincorporated association		W LIQ-LIC-104	Individuals years of ag		
T NON-PROFIT ENTITY FOR NOT-F P 						

NOTARY INITIAL:

APPLICATION CONTINUED

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.
- (Applicable to Corporation Only). The individuals indicated on the application (and attached sheel(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.
- (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.

			Date
Print Name(s)	Signature(s) of App	licant	NOTARIZATION IS REQUIRED FOR ALL CLASSES OF LICENSE APPLICATIONS EXCEPT FOR: <u>Special (Non-Profit)</u> 63-82-32.32
Print Name	Signature of Trans	feror (for Transfer Applications Only)	Date of Transfer (for Transfer Applications Only)
Print Name		RY USE ONLY	
STATE OF HAWAII City and County of Honolulu } SS.			
Signature of applicant(s) before Notary		Signature of	applicant(s) before Notary
		Signature of Transfe	eror (If epplicable) before Notary
Subscribed and sworn to before me this:		NOT	ARY CERTIFICATION
day of	, 20	Date of Doc:	# of Pages: Circuit
Signaturo of Nolary			
Print Name: Notary Public, State of Hawaii			
My commission expires		Notary Signature	Date
(Place Notery Stamp or Seal here)			(Place Notary Stamp or Seal here,

CASH, CASHIER'S CHECK OR CERTIFIED CHECK TO COVER PAYMENT IN FULL OF APPLICATION FEE (§3-83-54.1), COST OF PUBLISHING THE NOTICE OF PUBLIC HEARING (§3-83-57.3), AND LICENSE FEE (IF APPLICABLE §3-81-17.52(a)), MUST ACCOMPANY APPLICATION.

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/lig							
	COF	ETE OFFICERS/DIRE RPORATION ONLY 281-41, Rules 3-82-41.2, 3-83-					
Effective Date of Ch	ange:	License # (if exi	sting):				
Licensee Name:							
Doing Business As	(DBA):						
Class:	(Dispenser, Retail, etc.)	Kind:	(General, Be	eer, etc.)			
Premise Address: _							
-							
	Fax: /Directors as follows (attach						
(Form# LIQ-LIC-12 copies of sup (Personal I	IEW OFFICER/DIRECTOR, 9), completed Request for porting documents to con distory and Criminal History i	Criminal History Record firm the appointment of the second	Clearance (F he Officer/Dir	orm# LIQ- ector & po Application	-LIC-132), & osition. ns.)		
	<u>Name</u>		tle 	<u>Own</u>	6 of ership ge.		
PRINT Licensee (Owne			DATE				
	Authorized Agent, please submit a L uthorized Agent (form# LIQ-LIC-106)			ary Initial License)			
		OFFICE USE:		Approved	Denied		
LCIS ENTRY DATE:	HLC	STAFF Initial:		C Signature	Date		

	-	LIQUOR COMMISSION ITY AND COUNTY OF HON ANI BOULEVARD, SUITE 600, HONOLULU PHONE (808) 768-7300 • FAX (808) 76 INTERNET ADDRESS: www.honolulu.	IOLULU I, HAWAII 96813-5249 68-7311		
	FOR LLC, PARTN	LETE MEMBERS/MANA	RATED ASSO		
	HR	S Section 281-41, Rules 3-82-41.2	2, 3-83-53.1		
Effective Da	te of Change:	License # (if	f existing):		1 10 1
Licensee Na	ame:				
Doing Busir	ness As (DBA):				
Class:	(Dispenser, Retail, e	tc.) Kind:	(General, Be	er, etc.)	
Premise Ad	dress:				
Phone:	Fax:	Em	nail:		
(Form# copies o (F	LIQ-LIC-129), completed F of supporting documents t	<u>GER/PARTNER</u> , please provid Request for Criminal History R to confirm the appointment of al History Record does not appl	ecord Clearance (I the Member/Manag	Form# LIQ-LI ger/Partner &	C-132), & position.
	I certify that all Memb	pers/Managers/Partners listed	· · · · · · · · · · · · · · · · · · ·		nership
	Licensee (Owner)/Authorized Ag	ent	DATE		
Note: If submi	ssion by Authorized Agent, please	-LIC-106) signed by the Licensee/Owner		ry Initial License)	
		OFFICE USE:		Approved	Denied
LCIS ENTRY D	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

Cathin P. Qwal Colon

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./	pplicant'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):
	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:
Γ-	rtify, under the penalties set forth in Section 482-51, Hawaii Revised Statutes, that (check one): I am the applicant OR I am the (Office Held) (Office Held) (Office Held) (Contraction, and that the above statements are true and correct to the best of my knowledge and belief.
_	(Print Name) (Signature) (Date)
by a	INSTRUCTIONS ON REVERSE SIDE. Application must be certified by the applicant if an individual. For corporations, application must be signed in authorized officer of the corporation. General or limited partnerships must be signed by a general partner. For LLC, must be signed and certified 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 a	cordance with the provisions of Chapter 482, Hawaii Revised Statutes, this Certificate of Registration is issued to secure the aforesaid applicant
the	ise of the said TRADE NAME throughout the State of Hawaii for the term of five years from
to	
	DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS STATE OF HAWAII
	REGISTRATION OF A TRADE NAME WITH THE DEPARTMENT DOES NOT GRANT YOU OWNERSHIP OF THE TRADE NAME 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. <u>Ownership of a trade</u> <u>name is acquired by adoption and use of the trade name</u>. 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 <u>prior</u> 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 managermanaged 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)

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/lig

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	400000000000000 0000000000000000000000		INCUMBRANCE	

DESCRIPTIONS	FACE	ACTUAL VALUE

EXPLANATION OF OTHER ASSETS AND/OR LIABILITIES:

	8,1 81 81 88 9 10 10 10 10 10 10 10 10 10 10 10 10 10	
	177 - 178 x 1	
	- 3467	
N		7
		2 7 M
	Signed	
		(Applicant)
	Print Name	
	Date	
Attach additional sheets to further explain and/or to itemi	ize such Assets and Liabili	ties 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:

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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	TY NO	
	Last.	Fir	st		Middle		Maiden	_SECON	IT NO	
HOME						APT. NO.			ONE NOS.:	
								HOME ()	<u></u>
				STATE		ZIP CODE		_BUS. (_)	
PLACE O BIRTH							AGE		MARITAL	
		(City, State)			(MM / DD / YYYY)		<u> </u>		
NO. OF Y			Y			NAME OF SCHOOL				
COMPLE			(OMPLETED_	÷.	30100L		(include	City and State)	
NO. OF Y	EARS	OLLEGE		EAR		NAME OF COLLEGE				
								(include	City and State)	
OTHER E	DUCATIO	ONN							4001 du	
CITIZENS										
						No., or Immigration			bie)	
(II NOL a)	0.0. 0112	en, mulcate ty	pe or visa,	of Resident A		No., or miningration	Departin	ent 140.)		
EMPLOY	MENT RE	CORD (from t	the time sch	nool was com	pleted to p	oresent):				
FROM MONTH/Y		TO MONTH/YEA	R POS	ITION		EMPLOYER			LOCATION	
•										
		2 10 S								
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NOTARY INITIAL:

Any relative in the liquor business?YesNo If answer is "YES", complete the following:	
Name of Person:	Relationship:
Name of Business:	Address:
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?	
l,, 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.

	Sig	gnature
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	PASSPORT-TYPE PHO REQUIRED NO SNA PHOTOCOPIES WILL I AFFIX 2" X 2" PHOTOC	PSHOTS OR BE ACCEPTED.
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TATE OF HAWAII ty and County of Honolulu SSS. this day of, in the year of, personally app proved to me on the basis of satisfactory evidence to be the person whose name is s horized capacity(ies), and that by his/her signature on the aforementioned instrument	peared	I to me that he/she executed the same in his
ionzeu capacity(les), and that by hismen signature on the alorementioned insutinent i	NOTARY CER	
Signature of Individual before Notary Subscribed and sworn to before me this:	Date of Doc:	
day of, 20		
Signature of Notary		
rrint Name:	Notary Signature	Date
BAV COMPLECION OVOILOC		

(Place Notary Stamp or Seal here)

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249 PHONE (808) 768-7300 ◆ FAX (808) 768-7311 INTERNET ADDRESS: <u>www.honolulu.gov/lig</u>

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 <u>after</u> 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 <u>NOT</u> BE ACCEPTED FOR FINGERPRINTING.

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/lig

INSTRUCTIONS TO LIQUOR LICENSE APPLICANTS REGARDING THE CRIMINAL HISTORY RECORD CLEARANCE

I. LEGAL REQUIREMENTS:

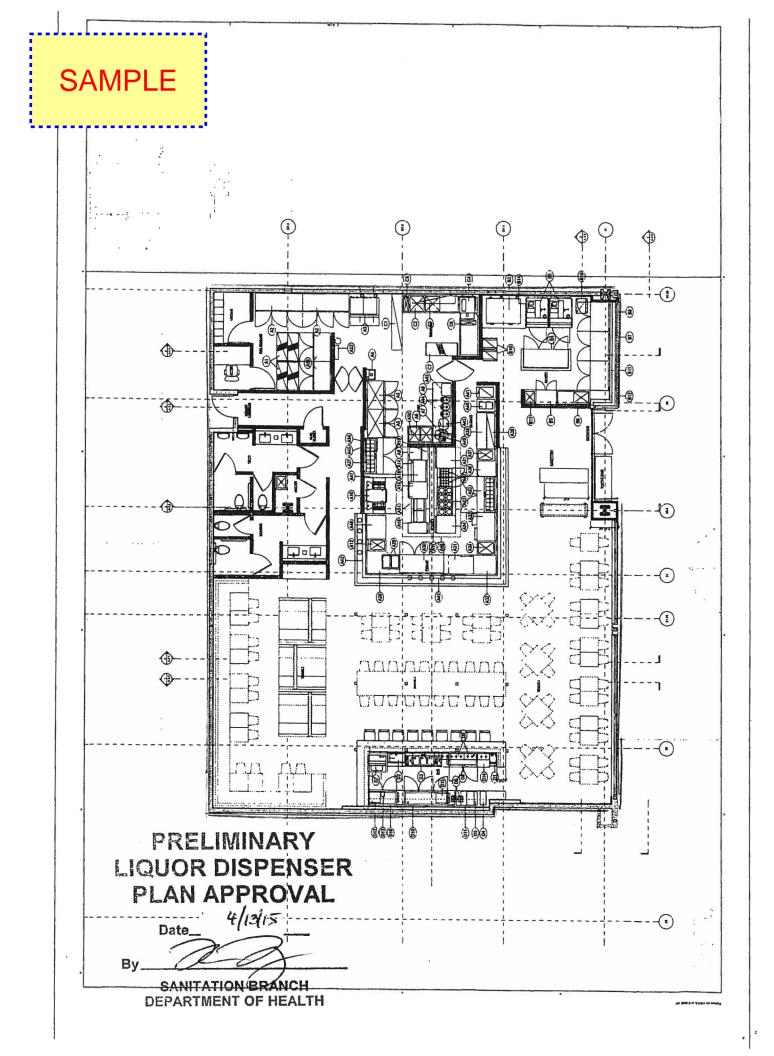
Section 281-45, Hawaii Revised Statutes, provides that "No license shall be issued under this chapter:

- (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:

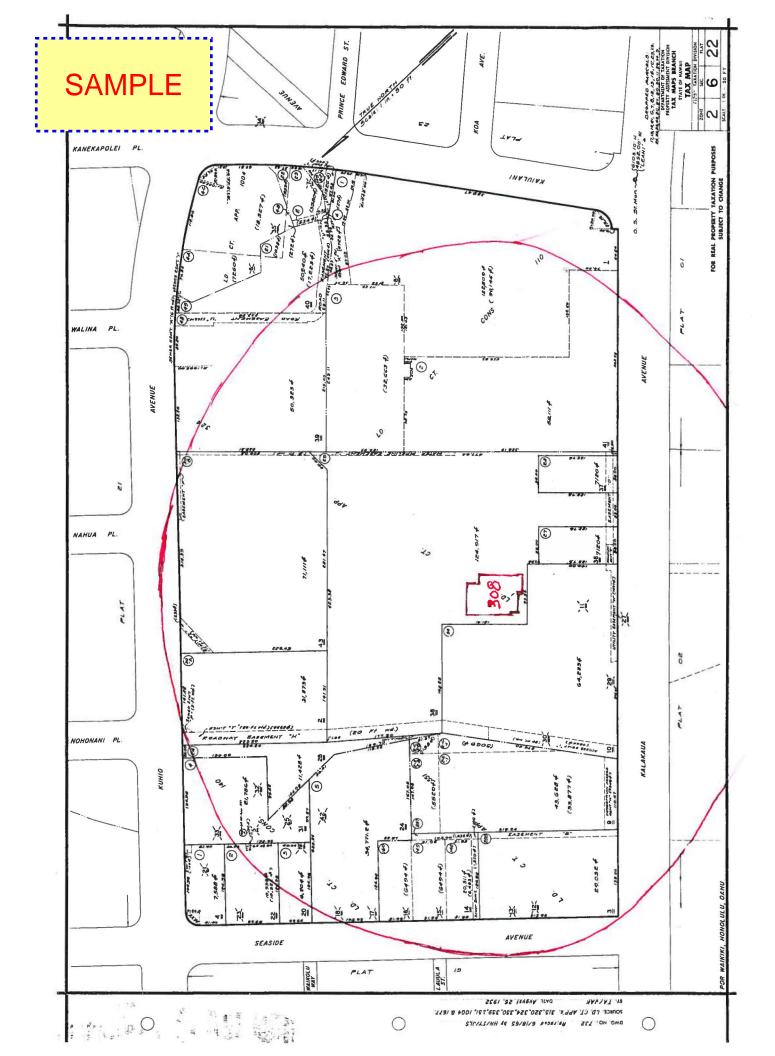
- (1) The above must complete the "REQUEST FOR A CRIMINAL HISTORY RECORD CLEARANCE FOR LIQUOR LICENSE" form, copies of which are in the Liquor License Application package.
- (2) The form is returned to the Honolulu Liquor Commission.

	711 KAPIOLANI B PHO IN	TY AND COUN OULEVARD, SUITE ONE (808) 768-7300 TERNET ADDRESS	DMMISSION TY OF HONOLULU 600, HONOLULU, HAWAII 9 • FAX (808) 768-7311 • www.honolulu.gov/lig						
CONFIDENTIAL									
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:									
Any Alias(es) / Former									
		ng malaon run							
Social Security No.:		Date	of Birth:	Sex: □ M	□F				
Race:	Height:	Weight	Color of Eyes:	Color Hair:_					
Licensee:		DBA	·						
PART II – DISCLOSU Have you ever been co Traffic violation?	nvicted of any vic Yes □ No hat you were con	plation of law (fe	- elony/misdemeanor) c		penalty. Also				
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:		, , , , , , , , , , , , , , , , , , , 	Da	te:					
PART III – FILE SEARCH DATA – TO BE COMPLETED BY DATA CENTER:									
HC IDC Administrator			Da	to.					
HCJDC Administrator:			Da		 Rev 04/11/14				



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			AVE	THE
2-6-22-9	9 Waikiki	F	2280 KALAKAU AVE	RB WAIKIKI LLC AHI 120 DEVELOPMENT INC
2-6-22-10	9 Waikiki	L	5 3050TS	AQUEEN EMMA FOUNDATION RP & OE WAIKI BEACHCOMBER LLC
2-6-22-24	9 Waikiki	F	333 SEASIDE AVE	
2-6-22-28	9 Waikiki	F	KUHIO AVE	QUE E N EMMA LAND CO/ETAL
2-6-22-31	9 Waikiki	F	2265 KUHIO AVE	QUEEN EMMA LAND CO/ETAL
2-6-22-36	9 Waikiki	L	2324 KALAKAU AVE	AQUEEN EMMA LAND CO WAIKIKI TRADER CORP
2-6-22-37	9 Waikiki	L	2332 KALAKAU AVE	AQUEEN EMMA LAND CO TRG IMP LLC
2-6-22-38	9 Waikiki	L	2290 KALAKAU AVE	AQUEEN EMMA LAND CO INTERNATL MKT PLACE CORP/ETAL
2-6-22-39	9 Waikiki	L	2345 KUHIO AVE	QUEEN EMMA FOUNDATION THE MIRAMAR HOTEL (HAWAII) INC/ETAL
2-6-22-41	♀ Waikiki	F	2340 KALAKAU AVE	AKYO-YA KAIULANI LLC
2-6-22-43	9 Waikiki	F	2301 KUHIO AVE	QUEEN EMMA FOUNDATION THE

LIQUOR LICENSE COMPLIANCE

AFFIDAVIT ON APPLICATION FOR STATEWIDE VOTER REGISTRATION DATA

STATE OF HAWAII

- [] County of Hawaii
- [] County of Kauai[] County of Maui
- [x] City and County of Honolulu
- 1. Pursuant to Hawaii Revised Statutes §11-97, the undersigned hereby makes application to:

} SS

- [] Purchase Voter Registration Data on Tape/Cartridge/CD
- [x] 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 [x] 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 m	nap)

The undersigned fully understands and hereby affirms under penalty of law that 4. 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 PERSON KNOWINGLY PROVIDING FALSE INFORMAT FELONY, PUNISHABLE BY UP TO 5 YEARS IMPRISON	ION MAY BE GUILTY OF A CLASS C
pproved by:	

City Clerk (City and County of Honolulu)

County Clerk of Hawaii

County Clerk of Maui

County Clerk of Kauai

Date

	CITY AND 711 KAPIOLANI BOULEVAI PHONE (808	UOR COMMISSION COUNTY OF HON RD, SUITE 600, HONOLULL) 768-7300 • FAX (808) 7/ ADDRESS: www.honolulu	I OLULU I, HAWAII 96813-5249 68-7311	
	STATEME	ENT OF AFFIRM at & Zoning Clea	ATION	
🗋 New L	iquor License Applicatio	on 🖸 Trans	sfer Liquor License	Application
Date:				
Applicant Trade Nam	e/DBA:			
Mailing Address:		<u>. </u>		
Contact Person:			Title:	
Phone:	Fax:	Emai	il:	
l've submitted a re	equest for a Voters List	to the Office of the C	City Clerk on	Date
(Hawaii Community D	Zoning Clearance to the Development Authority) area	if licensed premises		DA
	rs List and/or approved		o the Honolulu Liqı	Jor Commission when
I acknowledge and ce	ertify the statements and	d dates above accur	ate and true.	
SIGNATURE Applicant		Date		
PRINT Applicant		Title		
		OFFICE USE:		ed 🔲 Denied
LCIS ENTRY DATE:	HLC STAFF Ir	itial:		
LIQ-LIC-140			HLC Signatur	re Date Rev. 10/28/14

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249 PHONE (808) 768-7300 • FAX (808) 768-7311 INTERNET ADDRESS: www.honolulu.gov/lig

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: <u>City & County of Honolulu</u>. 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 co	mplete 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.	4. Site (business) Address:									
5.	Tax Map Key (TMK) of site:									
6.	This is a: D New Application D Trans	fer Application 🛛 Re-Classification 🗅 Extension of Premises								
	□ Change of Location □ 90	-day Trial Period for Entertainment D 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:	□ No								
	If "Yes", specify type (i.e., Hotel, Shopp	ing Center, etc.):								
10.	Class/Category of Liquor License applie	ed for:								
SIGNAT	URE Licensee (Owner)/Authorized Agent	PRINT Licensee (Owner)/Authorized Agent Date								
FOR D	DEPARTMENT OF PLANNING & PERMI	TTING USE ONLY:								
Zoning	District:	The applicant is hereby notified that zoning clearances								
🗆 Use	is NOT PERMITTED	may require up to three weeks of research by the Department of Planning & Permitting (DPP). Approval by								
🗅 Use	is PERMITTED	the DPP does NOT constitute liquor license approval or approval of any required building permits.								
🗆 Use										

COMMENTS:_

LIQ-LIC-122