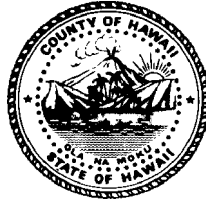


C. Kimo Alameda, Ph.D.  
*Mayor*

William V. Brilhante, Jr.  
*Managing Director*

Merrick Nishimoto  
*Deputy Managing Director*



Stacie T. Waltjen  
*Director*

## **County of Hawai'i**

### **Department of Liquor Control**

Hilo Lagoon Centre, 101 Aupuni Street, Unit 230, Hilo, Hawai'i 96720-4261  
(808) 961-8218 • Fax (808) 961-8684  
E-Mail: [cohdlc@hawaiiicounty.gov](mailto:cohdlc@hawaiiicounty.gov)

### **PROCEDURES TO BE FOLLOWED BY AN APPLICANT FOR A TRANSIENT VESSEL LICENSE**

A Transient Vessel (transient vessel means any cruise ship which temporarily docks within the county) license may be granted to the owner of any vessel for the sale of liquor (other than alcohol) on board the vessel while en route within the jurisdictional limits of the State and in any port of the State. Such sales shall be made only for consumption by passengers and their guests on board such a vessel during hours established by the operator/licensee. The application for the license may be made by any agent representing the owner. A written authorization from the owner regarding its authorized agent needs to be submitted with their application.

1. Complete Application for Transient Vessel license. This form needs to be notarized.
2. Submit fee: \$25 per day, per port. Please make check payable to the Department of Liquor Control.
3. Applicant's current State Tax Clearance (see attached form A-6).
4. Letter specifying the dock location, date(s) and brief description of the vessel.

OFFICE USE ONLY	
Filing Fee:	
<b>\$25 per day, per port</b>	
Check # _____	Check amount _____
Application No. _____	

**APPLICATION FOR TRANSIENT VESSEL LICENSE**

TO THE LIQUOR COMMISSION OF THE COUNTY OF HAWAII:

The undersigned hereby makes application for the following liquor license and makes the following statement:

- Name of the applicant (company) is: \_\_\_\_\_
- Applicant will do business under the name of: \_\_\_\_\_
- Applicant's mailing address is: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_
- The dates and location of port(s): \_\_\_\_\_

5. Applicant is a/an: \_\_\_\_\_ whose principal(s) are  
 (Individual, Corporation, Partnership, Limited Liability Company, Limited Partnership, Unincorporated Association)

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

- That no person other than the Applicant named herein shall have any interest in the business or license affected by this application without prior approval of such interest by the Liquor Commission and that no liquor license issued to Applicant has been revoked within the term of two years preceding the date of this application.
- I hereby certify that the above named applicant, principals and/or persons holding 25% more of stock are twenty-one years of age and have not been convicted of a felony.

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

STATE OF HAWAII )  
 )  
 COUNTY OF HAWAII ) SS:

\_\_\_\_\_, being first duly sworn, deposes and says that **he/she** is the **Applicant** herein named; that **he/she** is authorized to and does make this verification for and on its behalf; that **he/she** has read the foregoing application; and that the statements therein set forth are true.

Subscribed and sworn to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Notary Public (signature)

\_\_\_\_\_  
 Notary Public (print name)  
 STATE OF HAWAII

My commission expires \_\_\_\_\_

03/09

\_\_\_\_\_  
 Signature of Applicant before Notary

Doc. Date: \_\_\_\_\_ # Pages: \_\_\_\_\_

Name: \_\_\_\_\_ Circuit

Doc. Description \_\_\_\_\_

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY CERTIFICATION**



APPLICANT'S NAME FROM PAGE 1 \_\_\_\_\_

6. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:**  Bid/Entering Into  Ongoing Contract  Completion/Final Payment  
For completion/final payment of contract, provide the name, agency, and telephone number of the contact person at the State or County Agency.  
Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
7. **LIQUOR LICENSING:**  Initial  Renewal  Transfer-Seller  Transfer-Buyer  Special Event
8. **CONTRACTOR LICENSING:**  Initial  Renewal
9. **STATE RESIDENCY:** DATE APPLICANT ARRIVED OR RETURNED TO HAWAII \_\_\_\_\_
10. **ACCOUNTING PERIOD:**  Calendar year  Fiscal year ending (MM/DD) \_\_\_\_\_
11. **TAX EXEMPT ORGANIZATION:**  
A) Provide the Internal Revenue Code section that applies to your exemption (e.g., 501(c)(3)): \_\_\_\_\_  
B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return?  YES  NO  
C) Is your organization required to file federal Form 990, Return of Organization Exempt From Income Tax, or federal Form 990-EZ, Short Form Return of Organization Exempt From Income Tax?  YES  NO  
If "YES," your organization is required to obtain a general excise tax license. Go to line 13.  
If "NO," go to line 11D.  
D) Does your organization have fundraising income?  YES  NO  
If "YES," your organization is required to obtain a general excise tax license.
12. **INDIVIDUAL:** Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_
13. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE:**  
A) Description of your firm's business \_\_\_\_\_  
B) Has your firm had any business income in Hawaii?  YES  NO  
C) Has your firm had an office, inventory, property, employees, or other representatives in the State of Hawaii?  YES  NO  
D) Has your firm provided any services within the State of Hawaii (e.g., servicing computers, training sessions, etc.)?  YES  NO  
E) In the current or preceding calendar year has your firm had gross income of \$100,000 or more, or entered into 200 or more separate transactions attributable to Hawaii in any of the following, or combination of the following, activities? a) Tangible property delivered in Hawaii; b) Services used or consumed in Hawaii; or c) Intangible property used in Hawaii.  YES  NO

**Note:** If you answer "Yes" to any of the above questions, you are required to apply for a general excise tax license.

**FILING THE APPLICATION FOR TAX CLEARANCE**

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Form A-6 may be used to get both a state tax clearance and a federal tax clearance. If you need to get a tax clearance from both agencies, you should submit a separate Form A-6 to each agency.

State Department of Taxation  
Taxpayer Services Branch  
P.O. Box 259  
Honolulu, HI 96809-0259  
  
Telephone No.: 808-587-4242  
Toll Free: 1-800-222-3229  
Fax No.: 808-587-1488  
or  
830 Punchbowl Street  
Honolulu, HI 96813-5094

Internal Revenue Service  
W&I Field Assistance  
300 Ala Moana Blvd., #1-128  
Honolulu, HI 96850  
  
(By appointment only. To make an appointment, please call 844-545-5640.)  
  
Automated phone messaging: 808-466-6011  
Fax No.: 855-877-0789

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation on Oahu at 808-587-4242 or toll-free at 1-800-222-3229. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website at [tax.hawaii.gov](http://tax.hawaii.gov).