

**INSTRUCTIONS FOR PROCESSING  
CRIMINAL HISTORY RECORD CLEARANCE BY  
HAWAII CRIMINAL JUSTICE DATA CENTER**

1. Completely fill out the "*Personal History, Affidavit of Felony Charges and Authorization for Criminal History Record Clearance*" form and have it notarized.
2. The processing fee is \$30.00 per application. Mail the form with a \$30.00 MONEY ORDER OR CASHIER'S CHECK payable to Hawaii Criminal Justice Data Center. The Hawaii Criminal Justice Data Center will not accept personal or business checks.
3. Mail the form(s) with the appropriate fee to:

Hawaii Criminal Justice Data Center  
465 S. King Street, Room 101  
Honolulu, HI 96813

(Effective 7/1/2012)

COUNTY OF KAUAI  
DEPARTMENT OF LIQUOR CONTROL  
4444 RICE STREET, SUITE 120, LIHUE, HI 96766

**PERSONAL HISTORY, AFFIDAVIT OF FELONY CHARGES AND  
AUTHORIZATION FOR CRIMINAL HISTORY RECORD CLEARANCE**

Legal Name \_\_\_\_\_  
*Last First Middle Maiden*

Any Alias(es)/Former Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Race \_\_\_\_\_ Citizenship \_\_\_\_\_

Social Security No. \_\_\_\_\_ Military Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Scars, Tattoos, Identifying Marks \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_

Last Out-of-State Address \_\_\_\_\_

Licensee/Applicant \_\_\_\_\_ dba \_\_\_\_\_

Have you ever been convicted of a felony charge?..... Yes  No  (Please  one:)  
If you have been convicted of a felony charge, were you pardoned? ..... Yes  No   
Have you ever been convicted of a misdemeanor charge?..... Yes  No   
Do you have any court action pending against you?..... Yes  No

Name(s) and address(es) of liquor license(s) held within the past two years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_  
*Name Address*

being first duly sworn, depose and say under the penalty of perjury, as referred to in Section 281-53 of the Hawaii Revised Statutes, that the above information is true and correct. I authorize the Department of Liquor Control of the County of Kauai, State of Hawaii, to obtain information from the Federal Bureau of Investigation, the Criminal Justice Data Center, Department of the Attorney General, the Kauai Police Department, or from any individual listed in my application for a liquor license and waive the right to hold liable those persons for determining my qualifications for a liquor license.

\_\_\_\_\_  
*(Date) (Signature)*

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

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ Judicial Circuit,  
State of Hawaii

My Commission expires \_\_\_\_\_.

TO BE COMPLETED BY RESEARCH AGENCY:

No Record \_\_\_\_\_ See Attached \_\_\_\_\_

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

**NOTE TO RESEARCH AGENCY: Please return this completed form to County of Kauai, Department of Liquor Control, 4444 Rice Street, Suite 120, Lihue, HI 96766**