

DEPARTMENT OF LIQUOR CONTROL

COUNTY OF HAWAI'I

Hilo Lagoon Centre, 101 Aupuni Street, Unit 230, Hilo, Hawai'i 96720 \* Phone: (808) 961-8218 \*

Fax: (808) 961-8684 \* E-mail: [cohdlc@hawaiicounty.gov](mailto:cohdlc@hawaiicounty.gov)

**TO:** LICENSEE(S)

**RE:** ANNUAL LISTING OF PERSONS IN ACTIVE CHARGE OF PREMISES

Pursuant to Rule 5-3 of the Rules and Regulations of the Liquor Commission of the Department of Liquor Control of the County of Hawai'i, State of Hawai'i, please complete and return by \_\_\_\_\_

Alphabetically list the persons whom you have appointed to be in active charge of the premises ("liquor card" holders). List their card numbers and expiration date, if available.

	<b>NAME</b> (Last Name, First Name)	<b>CARD NO.</b>	<b>EXPIRATION DATE</b> (MM / YYYY)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

Licensee (DBA Name): \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact No: \_\_\_\_\_

E-mail: \_\_\_\_\_