

**COUNTY OF HAWAI'I DEPARTMENT OF LIQUOR CONTROL**

101 Aupuni Street, Unit 230, Hilo, Hawai'i 96720

TEL: (808) 961-8218 FAX: (808) 961-8684

EMAIL: cohdlc@hawaiicounty.gov

**REQUEST TO CHANGE  
LICENSEE TRADE NAME (DBA), ADDRESS OR OTHER CONTACT  
INFORMATION**

**Request to Change (check all that apply):**

- Licensee Trade Name (DBA)     Mailing Address     Phone Number(s)     Email Address
- Other – must specify below

**Liquor License No.:** \_\_\_\_\_ **Licensee (Owner) Name:** \_\_\_\_\_

**Licensee EXISTING Information**

Existing Trade Name (DBA): \_\_\_\_\_

Existing Mailing Address: \_\_\_\_\_

Existing Phone Number(s): \_\_\_\_\_ Existing FAX Number: \_\_\_\_\_

Existing Email: \_\_\_\_\_

**Licensee NEW Information**

We request to make the following changes:

New Trade Name (DBA): \_\_\_\_\_

For New Trade Name (DBA) attach the following item:

- Certificate of Registration of Trade Name from the State of Hawaii DCCA  
(Dept. of Commerce & Consumer Affairs).

New Mailing Address: \_\_\_\_\_

New Phone Number(s): \_\_\_\_\_ New FAX Number: \_\_\_\_\_

New Email: \_\_\_\_\_

Other change requests described as follows (documentation may be required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Licensee (Owner)/Authorized Agent

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT Licensee (Owner)/Authorized Agent

*Note: If submission by Authorized Agent, please submit a Letter of Authorization signed by the Licensee/Owner. There is a \$25.00 fee for a Change in Trade Name (DBA). Check should be made to the, "Department of Liquor Control".*