

**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

**ADD OR DELETE MEMBERS/MANAGERS/PARTNERS  
FOR LLC, PARTNERSHIP, OR UNINCORPORATED ASSOCIATION**

**HRS Section 281-41, Rule 4-6**

Date: \_\_\_\_\_ Liquor License #: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Trade Name (*Doing Business As*) \_\_\_\_\_

Class: \_\_\_\_\_ Kind: \_\_\_\_\_  
(Dispenser, Retail, etc.) (Beer, Wine, General)

Premise Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Changes to Members/Managers/Partners as follows (attach additional sheets, if necessary):

**IF ADDING A NEW MEMBER/MANAGER/PARTNER, please provide a notarized Personal History & Affidavit and copies of supporting documents to confirm the appointment of the position.**

Add	Delete	Effective Date of Change	Name of Member/ Manager/Partner	Title(s)	% of Ownership
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

\_\_\_\_\_  
INITIAL **I certify that all Members/Managers/Partners listed above are at least 21 years of age.**

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

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

*Note: If submission by Authorized Agent, please submit a Letter of Authorization signed by the Licensee/Owner.*