

COUNTY OF HAWAI'I – DEPARTMENT OF LIQUOR CONTROL

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

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ADD OR DELETE OFFICERS/DIRECTORS CORPORATION ONLY

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 Officers/Directors as follows (attach additional sheets, if necessary):

IF ADDING A NEW OFFICER/DIRECTOR, 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 Officer/Director	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"/>				

_____ I certify that all Officers/Directors listed above are at least 21 years of age.
 INITIAL

 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.