

APPLICATION FOR TRANSFER OF MEMBERSHIP INTEREST

Name of Limited Liability Company	dba	License No.
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Licensee or Authorized Representative	Address	Phone	Fax
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Date of Organization	State of Organization	Date Registered, DCCA, State of Hawai'i
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ORIGINAL MEMBER	MEMBERSHIP INTEREST HELD	PERCENTAGE
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PROPOSED MEMBER	MEMBERSHIP INTEREST TO BE HELD	PERCENTAGE
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PROPOSED MEMBERS (All proposed members shall file a personal history form)

PROPOSED DATE OF TRANSFER OF MEMBERSHIP INTEREST _____

SPECIAL INSTRUCTIONS: Indicate the name, address, telephone and facsimile for the following:

- A. Notice of hearings.
- B. Service of process (within State of Hawai'i).
- C. Department of Liquor communications.
- D. License renewal.
- E. Financial reports.

SUBMIT: Membership Interest purchase offer.
 Minutes of Election of Members, when applicable.
 *Personal History Forms.

*Transfer of 25% or more, or person becomes owner of 25% of membership interest, file personal history form.

I hereby certify that there have been no changes in members, managers or membership interest holders except as authorized by the Liquor Commission and that each such members, managers or membership interest holders is the real party in interest of the limited liability corporation.

Authorized Signatory: _____ Print Name: _____

Title: _____ Date: _____

Date of Liquor Commission Approval: _____