Reset Form

DEPARTMENT OF LIQUOR CONTROL COUNTY OF HAWAI'I
*Hilo Lagoon Centre, 101 Aupuni St., Unit 230, Hilo, Hawai'i 96720 * Phone: (808)961-8218 * Fax: (808)961-8684*
E-Mail: cohdlc@hawaiicounty.gov

APPLICATION FOR REDUCTION IN LICENSED PREMISES

Pursuant to Rule 4-8, of the Rules and Regulations of the Liquor Commission of the County of Hawai'i, application is hereby made for a reduction in area of the licensed premises.

1. The reduction is described as follows: (Describe in detail, including square footage.)

2. Attach a sketch of the premises. ***No larger than 11" x 17".***

3. Submit executed Application for Alteration Permit, if applicable.

Licensee: _____

By _____
(Signature)

Name: _____
Title: _____
Date: _____
Phone No.: _____
E-Mail: _____

PERMIT

Your application for a reduction in premises was approved by the Liquor Commission at its meeting on _____ and shall be subject to an endorsement of the sketch.

Liquor Commission, County of Hawai'i

By _____
Director

Date _____