

APPLICATION FOR DUPLICATE LIQUOR LICENSE

TO THE LIQUOR COMMISSION OF THE COUNTY OF HAWAI'I:

The undersigned hereby applies for a duplicate liquor license to replace the following:

License No. _____ Effective Date _____
(Give the number and effective date of the license which has been lost)

Class _____ Kind _____
(Dispenser, Retail, etc.) (General, Beer and Wine, Beer)

Issued to _____
(Name of Licensee)

Doing business as _____

For the premises located at _____
(Street address or location of business)

The licensee for which this duplicate is asked was lost or destroyed in the matter indicated below and is no longer in the possession of the licensee. (State as accurately as possible the manner in which the license was lost or destroyed and date of occurrence.)

The undersigned certifies that this application for a duplicate of the above described license is made in good faith and that every statement contained herein is true, unless stated on information and belief, and in such case the statements are believed to be true. Further, the undersigned agrees to return to the commission, if found, the original license which was believed to have been lost or destroyed.

Licensee: _____

By _____
(Signature)

Name: _____

Title: _____

Date: _____

Phone No.: _____

E-Mail: _____

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@co.hawaii.hi.us

STATE OF HAWAI'I)
) SS.
COUNTY OF HAWAI'I)

On _____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that the person executed the same as the person's free act and deed.

Notary Public, State of Hawai'i
Printed Name: _____
My commission expires: _____

<u>NOTARY CERTIFICATION STATEMENT</u>	
Document Identification or Description:	
.	
Doc. Date: _____ or <input type="checkbox"/> Undated at time of notarization.	
No. of Pages: _____	Jurisdiction: Third Circuit
_____ Signature of Notary	_____ Date of Notarization and Certification Statement
_____ Printed Name of Notary	