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Application No. _____	

APPLICATION FOR LIQUOR LICENSE

TO THE LIQUOR COMMISSION OF THE COUNTY OF HAWAII:

The undersigned hereby makes application for the following liquor license and makes the following statement:

CLASS: _____ KIND: _____ CATEGORY: _____

- Name of the applicant (company) is: _____
- Applicant will do business under the name of: _____
- Applicant's mailing address is: _____
 Telephone: _____ FAX: _____ E-mail: _____
- The premises is located at: _____
 _____ TMK: _____

5. Applicant is a/an: _____ whose principal(s) are
 (Individual, Corporation, Partnership, Limited Liability Company, Limited Partnership, Unincorporated Association)

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

- That no person other than the Applicant named herein shall have any interest in the business or license affected by this application without prior approval of such interest by the Liquor Commission and that no liquor license issued to Applicant has been revoked within the term of two years preceding the date of this application.
- I hereby certify that the above named applicant, principals and/or persons holding 25% more of stock are twenty-one years of age or older and have not been convicted of a felony.

Signature _____
 Print Name _____
 Title _____
 Date _____

STATE OF HAWAII)
)
 COUNTY OF HAWAII) SS:

_____, being first duly sworn, deposes and says that **he/she** is the **Applicant** herein named; that **he/she** is authorized to and does make this verification for and on its behalf; that **he/she** has read the foregoing application; and that the statements therein set forth are true.

Subscribed and sworn to before me
 this _____ day of _____, 20_____.

 Notary Public (signature)

 Notary Public (print name)
 My commission expires _____.

 Signature of Applicant before Notary
 Doc. Date: _____ # Pages: _____
 Name: _____ Circuit
 Doc. Description _____

 Signature _____ Date

NOTARY CERTIFICATION