

LIMITED LIABILITY COMPANY

(Applicable to application for original or transfer of liquor license or change to membership)

Name of Limited Liability Company: _____

Trade Name (dba): _____

Date of Organization: _____ State: _____ Date Registered State of Hawai'i: _____

Attorney or Authorized Representative: _____ Phone: _____

Address: _____ Fax: _____ E-mail: _____

CURRENT MEMBERS OF LLC

Name

Address

PROPOSED CHANGES TO LLC

Withdrawal: List Name(s) of Members (*Attach State of Hawai'i DCCA Statement of Dissolution*)

Admission (*Attach personal history form for new member and State of Hawai'i DCCA registration*)

Member

Address

SPECIAL INSTRUCTIONS: Agent's name, address, telephone, fax who shall be responsible for the following:

A. Department Communications (Applications, Renewals, Financial, Notice of Hearing, etc.) _____

B. Service of Process (within State of Hawai'i): _____

I certify that the above information is true and correct and that each member is the real party in interest of the Limited Liability Company and is not disqualified from holding the license individually pursuant to §281-45, HRS.

Authorized Signature _____ Date _____

Print Name _____