

OFFICE USE ONLY	
Filing Fee: \$	<u>50.00</u>
Check	Cash
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Application No. _____	

**APPLICATION FOR TRANSFER OF LIQUOR LICENSE**

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

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: \_\_\_\_\_  
 \_\_\_\_\_ T.M.K. \_\_\_\_\_
- Applicant is a/an: \_\_\_\_\_ whose principal(s) are:  
 (Individual, Corporation, Partnership, Limited Liability Company, Limited Partnership, Unincorporated Association)  

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
- That no other person other than the Applicant named herein shall have any interest in the business of 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without prior approval of such interest by the Liquor Commission and that no liquor license issued to Applicant has been revoked within the term of two years preceding the date of this application.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.

**I / We hereby consent to the application for the transfer of the liquor license.**

Signature of Applicant \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of Transferor**

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

\_\_\_\_\_, 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**