DEPARTMENT OF LIQUOR CONTROL
COUNTY OF HAWAI'I

Reset Form

TYPE OR PRINT LEGIBLY IN INK

NAME:_____
(Last) (First) (Middle) (Maiden Name)

MAILING ADDRESS:_____

BIRTHDATE:_____
(must be at least 21 years of age)

BIRTHPLACE:_____

CITIZENSHIP: ☐ **U.S.** **or** ☐ **ALIEN**

I hereby solemnly swear that the above statements are true.

_____
(Signature of Applicant)

EMPLOYER:
POSITION:
D/REGISTERED:

EMPLOYER:
POSITION:
D/REGISTERED:

EMPLOYER:
POSITION:
D/REGISTERED:

Hawai'i County Is an Equal Opportunity Provider and Employer