

OFFICE USE ONLY	
Rec'd _____	
Tax Clearance _____	
Fee _____	

**APPLICATION FOR RENEWAL OF LIQUOR LICENSE** Reset Form

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

THE UNDERSIGNED hereby makes application for renewal of Liquor License No. \_\_\_\_\_:

CLASS: \_\_\_\_\_ CATEGORY: \_\_\_\_\_ KIND: \_\_\_\_\_  
(Wholesale, Retail, Dispenser, Club, etc.) (A, B, C, D) (General, Beer and Wine, Beer, Etc.)

as defined by law and, and as a basis for the renewal of such license, makes the following statements.

- That applicant's full name is: \_\_\_\_\_
- That applicant will do business under the name of: \_\_\_\_\_
- That applicant is a (an): \_\_\_\_\_  
(Individual, Partnership, Corporation, Limited Liability Corporation, Limited Liability Partnership, Unincorporated Association)
- That applicant's mailing address is: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

- That the following are all the officers and directors of the applicant corporation:

OFFICERS AND TITLES	DIRECTORS
_____	_____
_____	_____
_____	_____
_____	_____

STOCKHOLDERS (owning shares of 25% or more)

Name	Percent	Name	Percent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- That the following are all the members of the applicant partnership, LLC, LLP, or Unincorporated Association:

NAMES AND TITLES	AGE (Yrs)	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- That no person other than the applicant named herein shall have any interest in the business affected by this application without prior approval of such interest by the Liquor Commission.
- That no liquor license shall be issued to an applicant who has had any liquor license revoked less than two years previous to the date of this application or has any outstanding or overdue payments to the Department of Liquor Control.
- That applicant is familiar with the provisions of Chapter 281, Hawai'i Revised Statutes, and the Rules and Regulations of the Liquor Commission.
- That prior to issuance of the license, applicant will submit a certificate from the State Director of Taxation that the applicant does not owe any delinquent taxes or an installment plan approved by the Department of Taxation, and proof of liquor liability insurance of not less than one million dollars.
- That all persons named herein are not less than twenty-one years of age and are not persons who have been convicted of a felony and not pardoned.
- I attest, under penalty of law, that the information provided is true and correct.

DATE: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

To be signed by individual, officer, partner or member. Trade Name: \_\_\_\_\_

By (print name): \_\_\_\_\_

Applicant No. \_\_\_\_\_ Signature (type name if submitted electronically): \_\_\_\_\_

License No. \_\_\_\_\_ Title: \_\_\_\_\_

STATE OF HAWAII        )  
  ) SS,  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, who, being first duly sworn, did solemnly swear or affirm that the information provided on the application for a new license, transfer, or renewal are true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ Judicial Circuit  
State of Hawaii  
My Commission expires: \_\_\_\_\_