

**LIQUOR CONTROL COMMISSION OF THE COUNTY OF KAUAI  
APPLICATION FOR LIQUOR LICENSE**

| <b>ALL APPLICANTS:</b>   |  |   |                                   |
|--|--|---|-----------------------------------|
| <b>TYPE OF APPLICATION:</b><br>TEMPORARY <input type="checkbox"/><br>CHANGE OF LOCATION <input type="checkbox"/> |  | <b>DESCRIPTION OF LICENSE APPLIED FOR</b> |                                   |
| NEW <input type="checkbox"/><br>TRANSFER <input type="checkbox"/>  |  | CLASS (DISPENSER, RETAIL, ETC.)           | KIND (GENERAL, BEER & WINE, ETC.) |
| STREET ADDRESS OF PREMISES   |  | MAILING ADDRESS                           |                                   |
| PRIMARY EMAIL ADDRESS  |  | SECONDARY EMAIL ADDRESS                   |                                   |
| <b>SOLE PROPRIETORSHIP ONLY:</b>   |  |   |                                   |
| APPLICANT'S FULL NAME  |  | NAME OF BUSINESS                          | TELEPHONE                         |
| <b>PARTNERSHIP - LLP ONLY:</b>   |  |   |                                   |
| NAME OF PARTNERSHIP  |  | NAME OF BUSINESS                          | TELEPHONE                         |
| NAME OF PARTNERS   |  | TELEPHONE                                 |                                   |
|  |  |   |                                   |
|  |  |   |                                   |
|  |  |   |                                   |
| <b>CORPORATION - ASSOCIATION - LLC ONLY:</b>   |  |   |                                   |
| NAME OF CORPORATION/ASSOCIATION/LLC  |  | NAME OF BUSINESS                          | TELEPHONE                         |
| NAMES OF OFFICERS & TITLES/MEMBERS   |  | NAMES OF DIRECTORS                        |                                   |
|  |  |   |                                   |
|  |  |   |                                   |
|  |  |   |                                   |
| NAMES OF STOCKHOLDERS OWNING 25% OR MORE OF OUTSTANDING CAPITAL STOCK  |  |   |                                   |
|  |  |   |                                   |
|  |  |   |                                   |

| <b>TRANSFER ONLY:</b>   |           |             |
|---|-----------|-------------|
| PRESENT LICENSEE  | FIRM NAME | LICENSE NO. |
| _____<br>HEREBY JOIN IN THE FOREGOING APPLICATION FOR TRANSFER OF LICENSE.  |           |             |
| DATE AND SIGNATURE OF LICENSEE  |           |             |
| I hereby certify that the above mentioned person(s) has (have) (not) been convicted of a felony and (not) pardoned and is (are) familiar with the Liquor Laws of Hawaii and the Rules and Regulations of the Kauai Liquor Control Commission and is (are) not less than twenty one (21) years of age. |           |             |
| DATE AND SIGNATURE OF SOLE PROPRIETOR, PARTNER, CORPORATE OFFICER/DIRECTOR OR MEMBER  |           |             |

State of Hawaii        )  
 County of Kauai     ) ss

\_\_\_\_\_ being first duly sworn, depose(s) and say(s) that \_\_\_\_\_ is (are) authorized to and do(es) make this verification for and on behalf of the applicant(s) hereinabove named; that \_\_\_\_\_ has (have) read the foregoing application; and that the statements therein set forth are true.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public, Fifth Judicial Circuit  
 State of Hawaii

My Commission expires \_\_\_\_\_