

**COUNTY OF KAUAI LIQUOR CONTROL COMMISSION**

Mo'ikeha Building  
 4444 Rice Street, Suite 120, Lihue, Hawaii 96766  
 TEL: (808) 241-4966 FAX: (808) 241-6585  
 EMAIL: [liquor@kauai.gov](mailto:liquor@kauai.gov)

**ADD OR DELETE MEMBERS/MANAGERS/PARTNERS  
 FOR LLC, PARTNERSHIP OR UNINCORPORATED ASSOCIATION**

HRS Section 281-41, Rule 2.19

Effective Date of Change: \_\_\_\_\_ License # (if existing): \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Class: \_\_\_\_\_ Kind: \_\_\_\_\_  
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premise Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Changes to Officers/Directors as follows (attach additional sheets if necessary):

**IF ADDING A NEW OFFICER/DIRECTOR, please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129), & copies of supporting documents to confirm the appointment of the Officer/Director & position.  
 (Personal History and Criminal History Record does not apply to Transient Vessel Applications.)**

Add	Delete	<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

\_\_\_\_\_  
 INITIAL I certify that all Officers/Directors listed above are at least 21 years of age.

\_\_\_\_\_  
 SIGNATURE Licensee (Owner)/Authorized Agent

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT Licensee (Owner)/Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization signed by the Licensee/Owner.