



**DEPARTMENT OF LIQUOR CONTROL
THE COUNTY OF KAUAI**

**DEREK S. K. KAWAKAMI, MAYOR
MICHAEL A. DAHLIG, MANAGING DIRECTOR**

**LEO SANDOVAL
DIRECTOR**

NOTICE OF EMPLOYMENT

This form is to be completed and submitted to the Department of Liquor Control as required by Rules 7.9 and 10.1 for licensees and any other blue/red card holders who are to be in active charge of the premises.

<u>Business Licensee Name (Place of Employment)</u>		<u>Job Title</u>	
<u>Full and Legal Name of Employee</u>			<u>Date of Birth</u>
<u>Employees Current Mailing Address</u>		<u>City, State, ZIP</u>	
<u>Driver's License, State ID or Passport No.</u>		<u>Type of ID (circle one)</u>	
ID# _____		(Driver's License), BC (Birth Certificate) PP (Passport), ST ID (State I.D.)	
Date _____		Signature _____	

DO NOT WRITE BELOW THIS LINE

<u>Date Received by Department of Liquor Control</u>	<u>Initials</u>
<u>Employee's Blue Card Number- 2004- _____ expiration date _____</u>	
<u>Employee's Red Card Number-2004- _____ expiration date _____</u>	

DLC 20 (Revised: 2/20/2019)

