



COUNTY OF KAUAI
DEPARTMENT OF LIQUOR CONTROL
LIHUE CIVIC CENTER, MO'IKEHA BUILDING
4444 RICE STREET, SUITE 120
LIHUE, KAUAI, HAWAII 96766
TEL: (808) 241-4966 FAX: (808) 241-6585

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.

<i>Business Name of Licensee</i>		<i>Address</i>	
<i>Full and Legal Name of Employee</i>		<i>Date of Birth</i>	
<i>Employees Current Mailing Address</i>			
<i>Date Employed as Blue/Red Card Holder</i>		<i>Job Title</i>	
<i>Date</i> _____		<i>Signature</i> _____	

DO NOT WRITE BELOW THIS LINE

<i>Date Received by Department of Liquor Control</i>		<i>Initials</i>	
<i>Employee's ID No.</i>		<i>Type of ID</i>	
<i>DL BC PP ST ID</i>			
<i>Employee's Blue Card Number</i>		<i>expiration date</i>	
_____		_____	
<i>Employee's Red Card Number</i>		<i>expiration date</i>	
_____		_____	