

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

**One-Day Special [Non-Profit] Liquor License
CHECKLIST**

*Application packet must be submitted at least fifteen (15) business days prior to the earliest proposed event date.
Special [Non-Profit] General License Applications may require a Commission Hearing*

The applicant will be contacted when the One-Day Special [Non-Profit] Liquor License is ready for pick-up.

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	HLC Initial
<input type="checkbox"/> Completed Liquor License Application (Notary not required)	LIQ-LIC 112	
<input type="checkbox"/> Notification of Authorized Agent (if applicable)	LIQ-LIC 113	
<input type="checkbox"/> Verification of Non-Profit status <i>(i.e., Copy of IRS "Letter of Determination" validating Non-Profit status OR other governmental approved documentation stating/validating Non-Profit status)</i>		
<input type="checkbox"/> Statement of Understanding for Non-Profit	LIQ- LIC 114	
<input type="checkbox"/> Landlord Authorization for Sale and Service of Liquor (form must be submitted with an original signature)	LIQ- LIC 115	
<input type="checkbox"/> Description of Proposed Licensed Premises <i>(e.g., floor plan, drawing, or document clearly describing the proposed licensed premises) – Floor plans or drawings must include the proposed area to be licensed outlined in "red".</i>		

**Note: Any application that is inaccurate or incomplete will be returned.
For questions about forms, please email: liquor@Kauai.gov**

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

**APPLICATION FOR
SPECIAL [NON-PROFIT] LICENSE**

NON-PROFIT FEIN NO. _____

1. Name of applicant/organization: _____

2. Type of organization or club (check one):

Athletic Charitable Educational Political Social

Other (specify): _____

3. Purpose of event: _____

How will this event benefit the applicant? _____

4. Purpose of your organization: _____

5. Address and location of event: _____

6. The event will be held on _____
(Day of the Week, Month & Day, Year)

7. Number of persons expected to attend: _____

8. Will advance tickets be sold? Yes No Cost of Tickets: \$ _____ (each)

9. (If applicable) Entertainment will be provided by: _____

Are any entertainers under 18 yrs. of age? Yes No If "yes", please attach a list of minors, their age, birthdates, and parental/guardian consent giving permission for minors to entertain on the premises.

Name of adult responsible for minors during performance on the premise: _____

10. Person in charge of the event: _____

Will a third party be involved in operating this event? Yes No Phone #: _____

Consent of Landlord. The Landlord Authorization for Sale & Service of Liquor (form# LIQ-LIC 115) is required as part of the application. All applicants must abide by all liquor laws of the State of Hawaii and the Rules of the County of Kauai Liquor Commission pertaining to a Special license:

Section 281-71. Posting of license. The Special License must be posted and exposed to view on the premises, convenient for inspection on the day of the event.

SIGNATURE Applicant / Licensee

DATE

PRINT Applicant / Licensee

TITLE

For KDLC Office Use Only

ENTRY DATE: _____

Approved Denied

KDLC INITIAL: _____

Leo Sandoval, Director

Date

One-DaySpecial License #: _____

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

NOTIFICATION OF AUTHORIZED AGENT

▪ Effective Date: _____ *Maximum representation is one (1) year.* ▪

If less than one (1) year, enter the end date: _____

License Number(s) for existing licensees: _____

Licensee/Applicant: _____

Licensee/Applicant

Contact Name: _____ **Title:** _____

Bus. #: _____ Mobile #: _____ Email: _____

Licensee/Applicant certifies that the above named authorized agent may act on their behalf before the Kauai Department of Liquor Control. Representation is limited to one (1) year, and must be renewed annually.

SIGNATURE Licensee (Owner)

Date

PRINT Licensee (Owner)

For KDLC Office Use Only

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

**STATEMENT OF UNDERSTANDING FOR
ONE-DAY SPECIAL [NON-PROFIT] LICENSE**

Applicant: _____

In exchange for the granting of a SPECIAL ONE-DAY license, the above-named applicant acknowledges that:

1. The applicant is a not-for-profit organization of which no part of the income or profit derived from the use of this special license shall be distributable to its members, directors or officers. If a third party will receive a distribution, please note if the third party is a not-for-profit entity and confirm funds will be used for the required purpose of the applicant.
2. The applicant shall comply with the liquor laws of the State of Hawaii and the Rules of the County of Kauai Liquor Commission [reference HRS 281-31(j)]. Additionally, the applicant is responsible for its employees', contractors' or agents' compliance with the liquor laws of the State of Hawaii and the Rules of the Liquor Commission.
3. The applicant is not required to register its employees or maintain time records for its employees.
4. Permissible hours of operation for a Special One-Day license for the sale, service or consumption of liquor shall be from 6:00 a.m. to 12:00 midnight or as otherwise approved by the Liquor Commission.
5. Minors under the age of eighteen (18) will not be allowed to sell or serve liquor; minors under the age of twenty-one (21) will be closely supervised by a competent adult.
6. Liquor Control Investigators are authorized to enter the premises and/or function to inspect for compliance with the liquor laws of the State of Hawaii and the Rules of the Liquor Commission.
7. The applicant will be held accountable for maintaining fiscal records of the purchase and the sale of liquor for this function or any distributions of money derived from this function or event. All fiscal records will be maintained within the State of Hawaii and these records, including but not limited to, sales records, invoices, and records of distributions of funds, shall be made available for inspection and/or auditing by the Department of Liquor Control upon request. Fiscal records shall be preserved for a period of not less than one year, unless so authorized by the Liquor Commission.
8. The applicant may hire second party caterer(s) for food only (no liquor).

ACKNOWLEDGE RECEIPT AND UNDERSTANDING:

SIGNATURE Applicant

DATE

PRINT Applicant

TITLE

**COUNTY OF KAUAI
DEPARTMENT OF LIQUOR CONTROL
LIHUE CIVIC CENTER, MO'IKEHA BUILDING
4444 RICE STREET, SUITE 120
LIHUE, KAUAI, HAWAII 96766
Phone (808) 241-4966 • Fax (808) 241-6585
LANDLORDS CLEARANCE/AUTHORIZATION**

Landlord's Name: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Bus. #: _____ Mobile #: _____ Email: _____

I AUTHORIZE:

Applicant Name: _____

Trade Name / DBA: _____

to sell and serve liquor at _____
(Address)

Date(s) of Event: _____

Start Time: _____ End Time: _____

Furthermore, I authorize Kauai Department of Liquor Control Investigators to inspect the property as required for the sale and service of liquor.

Comments: _____

SIGNATURE Landlord

DATE

PRINT Landlord

TITLE

For KDLC Office Use Only

KDLC ENTRY DATE: _____ KDLC STAFF INITIAL: _____