

LIQUOR CONTROL COMMISSION OF THE COUNTY OF KAUAI
 4444 RICE STREET, SUITE 120, LIHUE, HI 96766
APPLICATION FOR RENEWAL OF LIQUOR LICENSE

DESCRIPTION OF LICENSE --		
CLASS (Dispenser, Retail, etc.):	KIND (General, Beer & Wine, etc.):	LICENSE NO.:
LOCATION OF PREMISES:		MAILING ADDRESS:
PRIMARY EMAIL ADDRESS:		ALTERNATE EMAIL ADDRESS:
SOLE PROPRIETORSHIP ONLY:		
APPLICANT'S FULL NAME:	NAME OF BUSINESS:	TELEPHONE:
PARTNERSHIP / LLP ONLY:		
NAME OF PARTNERSHIP:	NAME OF BUSINESS:	TELEPHONE:
NAMES AND ADDRESSES OF PARTNERS:		TELEPHONE:
CORPORATION / LLC ONLY:		
NAME OF CORPORATION/LLC:	NAME OF BUSINESS:	TELEPHONE:
NAMES OF OFFICERS & TITLES/MEMBERS:		NAMES OF DIRECTORS:
NAMES OF STOCKHOLDERS OWNING 25% OR MORE OF OUTSTANDING CAPITAL STOCK:		
SIGNATURE OF APPLICANT:		
DATE AND SIGNATURE OF APPLICANT:		
_____	_____	
Date	Signature of Sole Proprietor, Partner, Corporate Officer/Director or Member	