

Request for Alteration of Licensed Premises CHECKLIST

Application must be submitted at least fifteen (15) business days prior to the requested alteration.

| SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER: | Form Number | KLD Initial |
|--|--------------------|--------------------|
| <input type="checkbox"/> Request for Approval of Alteration of Licensed Premises | LIQ-LIC-105 | |
| <input type="checkbox"/> Existing Floor Plan drawn to scale;outlined in BLACK | | |
| <input type="checkbox"/> New Proposed Floor Plan showing the area alteration drawn to scale outlined in RED. | | |
| <input type="checkbox"/> Reduced 8-1/2"x11" copied both floor plans | | |
| <input type="checkbox"/> Landlords Authorization for Alteration | | |
| <input type="checkbox"/> Hawaii Department of Health Clearance Form (Internal Alteration) | LIQ-LIC-106 | |
| <input type="checkbox"/> Kauai Public Works - Building Division Clearance (Internal Alteration) | LIQ-LIC-107 | |
| <input type="checkbox"/> Kauai Zoning/ Planning Department Clearance (Internal Alteration) | LIQ-LIC-108 | |

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



DEPARTMENT OF LIQUOR CONTROL
THE COUNTY OF KAUAI

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

LEO SANDOVAL
DIRECTOR

Reserved for Office Use (Date/Time Stamp)

REQUEST FOR INTERNAL ALTERATION

License #: _____

Licensee Name: _____

Trade Name / DBA: _____

Premises Address: _____

Licensee Contact Name: _____ Title: _____

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

Corporate mailing Address: _____

Description of renovations/alterations (in detail): _____

Confirmed all required documentation as indicated on the Request for Internal Alteration Check list has been attached.

SIGNATURE Applicant / Licensee

DATE

PRINT Applicant / Licensee

TITLE

For KDLC Office Use Only

DEPT ENTRY DATE: _____

Approved Denied

KDLC STAFF INITIAL: _____

Leo Sandoval
Director

Date



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LEO SANDOVAL
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REQUEST FOR ZONING CLEARANCE

The Liquor Commission requires a zoning clearance for the site of the internal alteration of business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Planning Department. Once a clearance has been received from the Planning Department, it must be submitted to the Liquor Commission along with this original document.

To: County of Kauai, Planning Department, 4444 Rice Street, Suite A473, Lihue, HI 96766, (808) 241-4055.

Applicant to complete information in this block only. Do not cross out or erase information. If corrections are necessary, please complete a new form.
1. Name of Licensee:
Trade Name (DBA):
2. Licensee Mailing Address:
3. Phone No.: Contact Person:
4. Site (business) Address:
5. Tax Map Key (TMK) of site:
This is a: [] New Structure [] Existing Structure
6. Changes of location, and internal alterations, attach a copy of the floor plans, including a location map and description to the Planning Department of where business and proposed internal alteration is situated within the property.
7. Description and Type of business internal alteration intended at site:
8. Other business on TMK parcel: [] Yes [] No
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.)
9. Class/Category of Liquor License:
SIGNATURE of Licensee (owner) or Auth. Agent PRINT of Licensee (owner) or Auth. Agent Date

FOR PLANNING DEPARTMENT USE ONLY:

Zoning District:

Cleared for Liquor Commission Review:

- [] Use is PERMITTED & ZONING PERMITTED FOR THE PROPOSED INTERNAL ALTERATION.
[] NO violation(s) or complaints(s) exist on property

Applicant must contact the Planning Department:

- [] Use is NOT PERMITTED
[] Use is NOT PERMITTED, Unless Additional Permit Obtained (SMA, Use Permit, Special Permit, Variance Permit, Shoreline Setback)

Please indicate which permit is required if any:

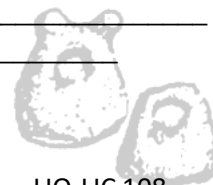
SIGNATURE Planning Department

DATE

www.kauai.gov

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LIQ-LIC 108



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

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MICHAEL A. DAHLIG, MANAGING DIRECTOR

LEO SANDOVAL
DIRECTOR

REQUEST FOR PUBLIC WORKS-BUILDING DIVISION CLEARANCE

The Liquor Commission requires a clearance from the public works- building division for the site of the proposed Internal Alteration to a licensed business premises from the licensee. The licensee must submit this Request for Clearance to the Public Works - Building Division along with all diagrams of proposed internal alteration. Once a clearance has been received from the Public Works - Building Division, it must be submitted to the Liquor Commission along with this original document.

To: County of Kauai, Public Works - Building Division, 4444 Rice Street, Suite 175, Lihue, HI 96766, (808) 241-4858.

Applicant to complete information in this block only.
Do not cross out or erase information. If corrections are necessary, please complete a new form.

1. Name of Licensee: _____
Trade Name (DBA): _____

2. Licensee Mailing Address: _____

3. Phone No.: _____ Contact Person: _____

4. Site (business) Address: _____

5. Tax Map Key (TMK) of site: _____

6. This is a: New Structure on Premises Existing Structure on Premises

6. Changes of location, or as requested for any applications by the Public Works -Building Divison, attach a copy of the floor plans, including a location map and description of where business internal alteration is situated within the building.

7. Description and Type of business including proposed internal alteration of intended site:

8. Other business on TMK parcel: Yes No
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.) _____

9. Class/Category of Liquor License: _____

SIGNATURE of Licensee (owner) or Auth. Agent PRINT of Licensee (owner) or Auth. Agent Date

FOR PUBLIC WORKS- BUILDING DEPARTMENT USE

ONLY: Zoning District: _____

Cleared for Liquor Commission Review:

- Use is PERMITTED
- Use is NOT PERMITTED at this time, Conditions apply.

- Use is NOT PERMITTED
- Conditions met as of: _____

Signature of Building Division Representative

Conditions to be met prior to authorization: _____

SIGNATURE Public Works - Building Division

DATE





**DEPARTMENT OF LIQUOR CONTROL
THE COUNTY OF KAUA'I**

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**LEO SANDOVAL
DIRECTOR**

REQUEST FOR HAWAII DEPARTMENT OF HEALTH CLEARANCE

The Liquor Commission requires a clearance from the Hawaii Department of Health for the site of the proposed licensed business premises from the liquor license applicant that plan on altering their premises internally to verify compliance. The applicant must submit this Request for Clearance to the Hawaii Department of Health along with all diagrams of proposed extension. Once a clearance has been received from the Hawaii Department of Health, it must be submitted to the Liquor Commission along with this original document.

To: Hawaii Department of Health - Sanitation Branch -3040 Umi Street, Lihue, HI 96766, (808) 241-3323.

**Applicant to complete information in this block only.
Do not cross out or erase information. If corrections are necessary, please complete a new form.**

1. Name of Licensee: _____
Trade Name (DBA): _____

2. Licensee Mailing Address: _____

3. Phone No.: _____ Contact Person: _____

4. Site (business) Address: _____

5. Tax Map Key (TMK) of site: _____

6. This is a: New Structure on premises Existing Structure on premises

6. For existing licensees, internal permises, attach a copy of the floor plans, including a location map and description of where the proposed alteration is situated within the building.

7. Description and Type of business including proposed alteration of intended site:

8. Other business on TMK parcel: Yes No
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.) _____

9. Class/Category of Liquor License: _____

SIGNATURE of Licensee (owner) or Auth. Agent **PRINT of Licensee (owner) or Auth. Agent** **Date**

FOR HAWAII HEALTH DEPARTMENT - SANITATION

BRANCH

Cleared for Liquor Commission Review:

- Use is PERMITTED
- Use is NOT PERMITTED at this time, Conditions apply.

- Use is NOT PERMITTED
- Conditions met as of: _____

Signature of Hawaii Health Department Representative

Conditions to be met prior to authorization: _____

SIGNATURE Hawaii Health Department - Sanitation Branch Representative

DATE

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