



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

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

GERALD RAPOZO  
DIRECTOR

**REQUEST FOR ZONING CLEARANCE**

The Liquor Commission requires a zoning clearance for the site of the proposed licensed 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 Applicant: \_\_\_\_\_  
Trade Name (DBA): \_\_\_\_\_
2. Applicant's Mailing Address: \_\_\_\_\_
3. Phone No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_
4. Site (business) Address: \_\_\_\_\_
5. Tax Map Key (TMK) of site: \_\_\_\_\_
6. This is a:     New Application     Transfer Application     Reclassification     Extension of Premises  
                   Change of Location     90-day Trial Period for Entertainment     Outside Warehouse
7. For new applications, changes of location, or as requested for any applications by the Planning Department, attach a copy of the floor plans, including a location map and description of where business is situated within the building.
8. Description and Type of business intended at site:  
\_\_\_\_\_
9. Other business on TMK parcel:  Yes     No  
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.) \_\_\_\_\_
10. Class/Category of Liquor License applied for: \_\_\_\_\_

\_\_\_\_\_  
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 & issued a zoning permit
- NO violation(s) or complaints(s) exist on property

**Applicant must contact the Planning Department:**

- Use is NOT PERMITTED
- Violation(s) or complaint(s) exist on property

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Planning Department

\_\_\_\_\_  
DATE

