

COUNTY OF KAUAI LIQUOR CONTROL COMMISSION

Mo'ikeha Building

4444 Rice Street, Suite 120, Lihue, Hawaii 96766

TEL: (808) 241-4966 FAX: (808) 241-6585

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**REQUEST TO CHANGE
LICENSEE TRADE NAME (DBA), ADDRESS OR OTHER CONTACT INFORMATION**

Request to Change (check all that apply):

- Licensee Trade Name (DBA) Mailing Address Phone Number(s) Email Address
- Other – must specify below

Liquor License No.: _____ **Licensee (Owner) Name:** _____

Licensee EXISTING Information

Existing Trade Name (DBA): _____

Existing Mailing Address: _____

Existing Phone Number(s): _____ Existing FAX Number: _____

Existing Email: _____

Licensee NEW Information

We request to make the following changes:

New Trade Name (DBA): _____

For New Trade Name (DBA) attach the following item:

- Certificate of Registration of Trade Name from the State of Hawaii DCCA
(Dept. of Commerce & Consumer Affairs).

New Mailing Address: _____

New Phone Number(s): _____ New FAX Number: _____

New Email: _____

Other change requests described as follows (documentation may be required): _____

SIGNATURE Licensee (Owner)/Authorized Agent

DATE

PRINT Licensee (Owner)/Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization signed by the Licensee/Owner.