

Request for Temporary/Permanent Increase of Licensed Premises CHECKLIST

Application must be submitted at least fifteen (15) business days prior to the earliest event date.

| SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER: | Form Number | KLD Initial |
|---|-------------|-------------|
| <input type="checkbox"/> Request for Approval of Increase of Licensed Premises | LIQ-LIC-101 | |
| <input type="checkbox"/> Existing Floor Plan drawn to scale;outlined in BLACK | | |
| <input type="checkbox"/> New Proposed Floor Plan showing the increased area drawn to scale outlined in RED. | | |
| <input type="checkbox"/> Reduced 8-1/2"x11" copied both floor plans | | |
| <input type="checkbox"/> Landlords Authorization for Increase of Premises | | |
| <input type="checkbox"/> Hawaii Department of Health Clearance Form | LIQ-LIC-102 | |
| <input type="checkbox"/> Kauai Public Works - Building Division Clearance | LIQ-LIC-103 | |
| <input type="checkbox"/> Kauai Zoning/ Planning Department Clearance | LIQ-LIC-104 | |

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

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 licensed business premises from the liquor license applicant. The applicant must submit this Request for Clearance to the Public Works - Building Division along with all diagrams of proposed extension. 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 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 6. For new applications, 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 is situated within the building. 7. Description and Type of business including proposed expansion 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 applied for: 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
[] Violation(s) or complaint(s) exist on property
[] 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 KAUAI**

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

LEO SANDOVAL
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

6. For new applications, changes of location, increases, **attach a copy of the floor plans, including a location map and description to the Planning Department** of where business and proposed increase is situated within the property.

7. Description and Type of business expansion/increase 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 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 & ZONING PERMITTED FOR THE PROPOSED EXTENSION AREA.
- 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)
- Violation(s) or complaint(s) exist on property

Please indicate which permit is required if any:

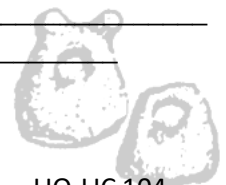
SIGNATURE Planning Department

DATE

www.kauai.gov

4444 Rice Street Suite 120 • Lihue, Hawaii 96766 • (808) 241-4966 (b) • (808) 241-6585 (f)

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LIQ-LIC 104