

**LIQUOR CONTROL COMMISSION OF THE COUNTY OF KAUAI  
APPLICATION FOR LIQUOR LICENSE**

<b>ALL APPLICANTS:</b>			
<b>TYPE OF APPLICATION:</b> TEMPORARY CHANGE OF LOCATION	NEW TRANSFER	<b>DESCRIPTION OF LICENSE APPLIED FOR</b>	
		CLASS (DISPENSER, RETAIL, ETC.)	KIND (GENERAL, BEER & WINE, ETC.)
STREET ADDRESS OF PREMISES		MAILING ADDRESS	
<b>SOLE PROPRIETORSHIP ONLY:</b>			
APPLICANT'S FULL NAME	NAME OF BUSINESS		TELEPHONE
<b>PARTNERSHIP - LLP ONLY:</b>			
NAME OF PARTNERSHIP	NAME OF BUSINESS		TELEPHONE
NAME OF PARTNERS			TELEPHONE
<b>CORPORATION - ASSOCIATION - LLC ONLY:</b>			
NAME OF CORPORATION/ASSOCIATION/LLC	NAME OF BUSINESS		TELEPHONE
NAMES OF OFFICERS & TITLES/MEMBERS		NAMES OF DIRECTORS	
NAMES OF STOCKHOLDERS OWNING 25% OR MORE OF OUTSTANDING CAPITAL STOCK			

<b>TRANSFER ONLY:</b>		
PRESENT LICENSEE	FIRM NAME	LICENSE NO.
_____ HEREBY JOIN IN THE FOREGOING APPLICATION FOR TRANSFER OF LICENSE.		
DATE AND SIGNATURE OF LICENSEE		
I hereby certify that the above mentioned person(s) has (have) (not) been convicted of a felony and (not) pardoned and is (are) familiar with the Liquor Laws of Hawaii and the Rules and Regulations of the Kauai Liquor Control Commission and is (are) not less than twenty one (21) years of age.		
DATE AND SIGNATURE OF SOLE PROPRIETOR, PARTNER, CORPORATE OFFICER/DIRECTOR OR MEMBER		

State of Hawaii        )  
 County of Kauai     ) ss

\_\_\_\_\_ being first duly sworn, depose(s) and say(s) that \_\_\_\_\_ is (are) authorized to and do(es) make this verification for and on behalf of the applicant(s) hereinabove named; that \_\_\_\_\_ has (have) read the foregoing application; and that the statements therein set forth are true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public, Fifth Judicial Circuit  
 State of Hawaii

My Commission expires \_\_\_\_\_