

COUNTY OF KAUAI
DEPARTMENT OF LIQUOR CONTROL
LIHUE CIVIC CENTER, MO'IKEHA BUILDING
4444 RICE STREET, SUITE 120
LIHUE, KAUAI, HAWAII 96766
Phone (808) 241-4966 • Fax (808) 241-6585

APPLICATION FOR A FREE ONE-DAY SPECIAL LICENSE

1. NAME OF ORGANIZATION: _____

2. MAILING ADDRESS: _____

3. PERSON TO CONTACT: _____

4. PHONE NUMBER: _____ FAX NUMBER: _____

5. E-MAIL ADDRESS: _____

6. NAMES AND TITLES OF OFFICERS: _____ AGES: _____

7. PERSON IN CHARGE OF THE PROPOSED PREMISES: _____

8. TYPE OF CLUB OR ORGANIZATION: _____ I.D. _____
NOS.: _____

9. PURPOSE OF ORGANIZATION: _____

10. PURPOSE OF FUNDRAISER: _____

11. TYPE OF EVENT (*Explain if Concert [give name of primary performer], Wine Tasting, Rodeo etc.*): _____

12. CLASS OF LICENSE APPLIED FOR: ON-PREMISE (sell liquor for consumption at the proposed premise) OFF-PREMISE (sell liquor in its original package at the proposed premise)

13. KIND OF LICENSE APPLIED FOR: GENERAL BEER & WINE BEER

14. DATE OF EVENT: _____

15. TIMES OF EVENT: FROM: _____ A.M. / P.M. TO: _____ A.M. / P.M.

16. LOCATION AND DESCRIPTION OF PREMISES TO BE USED: *(e.g., Name of hotel and specific ballroom and/or sketch of the proposed premises.)*

17. STREET ADDRESS OF PREMISES TO BE USED: _____

18. THE APPLICANT SHALL SUBMIT A LETTER FROM THE PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE OF THE PROPERTY OWNER, GIVING THE APPLICANT PERMISSION TO SELL LIQUOR AT THE PROPOSED PREMISES.

SIGNATURE OF OFFICER

DATE

FOR DEPARTMENT OF LIQUOR CONTROL USE ONLY	
Application No.:	_____
Denied By: _____	Reason: _____
Approved By: _____	License No.: _____