

LIQUOR CONTROL COMMISSION OF THE COUNTY OF KAUAI
 4444 RICE STREET, SUITE 120, LIHUE, HI 96766
APPLICATION FOR RENEWAL OF LIQUOR LICENSE

DESCRIPTION OF LICENSE -- ALL APPLICANTS:

CLASS (Dispenser, Retail, etc.):	KIND (General, Beer & Wine, etc.):	LICENSE NO.:
LOCATION OF PREMISES:		MAILING ADDRESS:

SOLE PROPRIETORSHIP ONLY:

APPLICANT'S FULL NAME:	NAME OF BUSINESS:	TELEPHONE:
------------------------	-------------------	------------

PARTNERSHIP / LLP ONLY:

NAME OF PARTNERSHIP:	NAME OF BUSINESS:	TELEPHONE:
NAMES AND ADDRESSES OF PARTNERS:		TELEPHONE:

CORPORATION / LLC ONLY:

NAME OF CORPORATION/LLC:	NAME OF BUSINESS:	TELEPHONE:
NAMES OF OFFICERS & TITLES/MEMBERS:		NAMES OF DIRECTORS:

NAMES OF STOCKHOLDERS OWNING 25% OR MORE OF OUTSTANDING CAPITAL STOCK:

--

SIGNATURE OF APPLICANT:

DATE AND SIGNATURE OF APPLICANT:

<p>_____</p> <p style="text-align: center;">Date</p>	<p>_____</p> <p style="text-align: center;">Signature of Sole Proprietor, Partner, Corporate Officer/Director or Member</p>
--	---