



**DEPARTMENT OF LIQUOR CONTROL
THE COUNTY OF KAUA'I**

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

LEO SANDOVAL-REYES
DIRECTOR

NOTICE OF EMPLOYMENT

This form is to be completed and submitted to the Department of Liquor Control as required by Rules 7.9 and 10.1 for licensees and any other blue/red card holders who are to be in active charge of the premises.

Renew **New**

Full and Legal Name of Employee: _____

Place of Employment: _____ **Job Title:** _____

Employees Current Mailing Address: _____

Driver's Lic., State ID or Passport No.: _____ **Type of ID:** Driver's Lic. State ID PP

Date of Birth: _____

Phone Number: _____ **Email Address:** _____

Date: _____ **Signature:** _____

To be filled by Department of Liquor Control

Date Processed by Department of Liquor Control _____

Received by _____

Blue Card Card Number: _____ Expiration Date: _____
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Red Card Card Number: _____ Expiration Date: _____
