

**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**

**NOTIFICATION OF AUTHORIZED AGENT**

• Effective Date \_\_\_\_\_ *Maximum representation is one (1) year.*

*If less than one (1) year, enter the end date:* \_\_\_\_\_

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License Number(s) for existing licensees: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_

**Licensee/ Applicant**

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Bus. #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Licensee/Applicant certifies that the above named authorized agent may act on their behalf before the Kauai Department of Liquor Control. Representation is limited to one (1) year, and must be renewed annually.

\_\_\_\_\_  
SIGNATURE Licensee (Owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Licensee (Owner)

*For KDLC Office Use Only*