

DEPARTMENT OF LIQUOR CONTROL
4444 RICE STREET, SUITE 120
LIHUE, KAUAI, HAWAII 96766
Phone: 241-4966 • Fax: 241-6585

NOTIFICATION OF OFF-PREMISES CATERING FUNCTION
(Department requires five days advance notice)

LICENSEE: _____ LICENSE NO.: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

NAME OF HOST: _____

DATE OF FUNCTION: _____ HOURS: _____ A.M. _____ A.M.
P.M. _____ P.M.

KIND OF FUNCTION: _____ NO. ATTENDING: _____

NAME OF PROPERTY OWNER: _____

STREET ADDRESS OF FUNCTION: _____

ZONING: _____ TAX MAP KEY: _____

Attach a copy of catering contract and sketch of the property and area to be utilized. The function is subject to Rules 8.4, 11.2, and 12.2 through 12.4.

Date

Signature of Licensee

PROPERTY OWNER'S ACKNOWLEDGMENT: I give permission to the applicant to sell liquor on my property, and if compensated for the use of the property, I acknowledge that the property is properly zoned. Furthermore, I acknowledge that the function will be subject to liquor rules and laws and inspection by liquor control investigators.

Date

Signature of Property Owner or Authorized Agent

APPROVAL/DENIAL OF OFF-PREMISES CATERING FUNCTION

The above off-premises catering function is _____. If denied,
reason for denial: _____

Date

Signature (Department of Liquor Control)