

## Request for Alteration of Licensed Premises CHECKLIST

***Application must be submitted at least fifteen (15) business days prior to the requested alteration.***

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	KLD Initial
<input type="checkbox"/> Request for Approval of Alteration of Licensed Premises	LIQ-LIC-105	
<input type="checkbox"/> Existing Floor Plan drawn to scale;outlined in BLACK		
<input type="checkbox"/> New Proposed Floor Plan showing the area alteration drawn to scale outlined in RED.		
<input type="checkbox"/> Reduced 8-1/2"x11" copied both floor plans		
<input type="checkbox"/> Landlords Authorization for Alteration		

**Note: Any application that is inaccurate or incomplete will be returned.**  
***For questions about forms, please email: [liquor@kauai.gov](mailto:liquor@kauai.gov)***



DEPARTMENT OF LIQUOR CONTROL  
THE COUNTY OF KAUAI

DEREK S. K. KAWAKAMI, MAYOR  
REIKO MATSUYAMA, MANAGING DIRECTOR

LEO SANDOVAL-REYES  
DIRECTOR

Reserved for Office Use (Date/Time Stamp)

### REQUEST FOR INTERNAL ALTERATION

License #: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Trade Name / DBA: \_\_\_\_\_

Premises Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensee Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Corporate mailing Address: \_\_\_\_\_

Description of renovations/alterations (in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Confirmed all required documentation as indicated on the Request for Internal Alteration Check list has been attached.

\_\_\_\_\_  
SIGNATURE Applicant / Licensee

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT Applicant / Licensee

\_\_\_\_\_  
TITLE

**For KDLC Office Use Only**

DEPT ENTRY DATE: \_\_\_\_\_

Approved  Denied

KDLC STAFF INITIAL: \_\_\_\_\_

\_\_\_\_\_  
Leo Sandoval-Reyes Date  
Director