



**DEPARTMENT OF LIQUOR CONTROL
THE COUNTY OF KAUAI**

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

LEO SANDOVAL-REYES
DIRECTOR

REQUEST FOR ZONING CLEARANCE

The Liquor Commission requires a zoning clearance for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Planning Department. Once a clearance has been received from the Planning Department, it must be submitted to the Liquor Commission along with this original document.

To: County of Kauai, Planning Department, 4444 Rice Street, Suite A473, Lihue, HI 96766, (808) 241-4055.

Applicant to complete information in this block only.
Do not cross out or erase information. If corrections are necessary, please complete a new form.

1. Name of Applicant: _____
Trade Name (DBA): _____
2. Applicant's Mailing Address: _____
3. Phone No.: _____ Contact Person: _____
4. Site (business) Address: _____
5. Tax Map Key (TMK) of site: _____
6. This is a: New Application Transfer Application Reclassification Extension of Premises
 Change of Location 90-day Trial Period for Entertainment Outside Warehouse
7. For new applications, changes of location, or as requested for any applications by the Planning Department, attach a copy of the floor plans, including a location map and description of where business is situated within the building.
8. Description and Type of business intended at site:

9. Other business on TMK parcel: Yes No
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.) _____
10. Class/Category of Liquor License applied for: _____

SIGNATURE of Licensee (owner) or Auth. Agent PRINT of Licensee (owner) or Auth. Agent Date

FOR PLANNING DEPARTMENT USE ONLY:

Zoning District: _____

Cleared for Liquor Commission Review:

- Use is PERMITTED & issued a zoning permit
- NO violation(s) or complaints(s) exist on property

Applicant must contact the Planning Department:

- Use is NOT PERMITTED
- Violation(s) or complaint(s) exist on property

COMMENTS: _____

SIGNATURE Planning Department

DATE

