COUNTY OF KAUA'I LIQUOR CONTROL COMMISSION

Mo'ikeha Building

4444 Rice Street, Suite 120, Līhu'e, Hawai'i 96766 TEL: (808) 241-4966 FAX: (808) 241-6585

EMAIL: liquor@kauai.gov

REQUEST TO CHANGE LICENSEE TRADE NAME (DBA), ADDRESS OR OTHER CONTACT INFORMATION

Request to Change (check all that ap	<u>ply):</u>		
☐ Licensee Trade Name (DBA) ☐ N	Mailing Address	☐ Phone Number(s)	☐ Email Address
☐ Other – must specify below			
Liquor License No.: Licensee (Owner) Name:			
Licensee EXISTING Information			
Existing Trade Name (DBA):			
Existing Mailing Address:			
Existing Phone Number(s):			
Existing Email:			
Licensee NEW Information			
We request to make the following chang	ges:		
New Trade Name (DBA):			
For New Trade Name (DBA) attach the Certificate of Registration of Trade (Dept. of Commerce & Consumer A	Name from the Sta	ate of Hawaii DCCA	
New Mailing Address:			
New Phone Number(s): New FAX Number:			
New Email:			
Other change requests described as fol			
SIGNATURE Licensee (Owner)/Authorized Agent	t		DATE
PRINT Licensee (Owner)/Authorized Agent			

If submission by Authorized Agent, please submit a Letter of Authorization signed by the Licensee/Owner.

Note: