

COUNTY OF KAUAI
 DEPARTMENT OF LIQUOR CONTROL
 LIHUE CIVIC CENTER, MO'IKEHA BUILDING
 4444 RICE STREET, SUITE 120
 LIHUE, KAUAI, HAWAII 96766
 TEL: (808) 241-4966 • FAX: (808) 241-6585

APPLICATION FOR SOLICITOR'S OR REPRESENTATIVE'S PERMIT

Full Name of Applicant		
Date of Birth	Citizenship	Driver License Number
Residence Address		Telephone Number
Business Address		Telephone Number

Application to represent _____ (Name of Licensee)
 dba _____ at _____ (Address)
 _____ which holds a _____ (Class of License)
 _____ (Kind of License) , _____ (License Number) , issued by the
 Liquor Control Commission of the _____ (County) .

I hereby certify that the above information is true and correct.

Date and Signature of Applicant

Attach a statement from the manufacturer or wholesale dealer to the effect that the applicant has been appointed as its solicitor or representative.