

Request for Temporary/Permanent Increase of Licensed Premises CHECKLIST

Application must be submitted at least fifteen (15) business days prior to the earliest event date.

| SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER: | Form Number | KLD Initial |
|---|------------------------|------------------------|
| <input type="checkbox"/> Request for Approval of Increase of Licensed Premises | LIQ-LIC-101 | |
| <input type="checkbox"/> Existing Floor Plan drawn to scale;outlined in BLACK | | |
| <input type="checkbox"/> New Proposed Floor Plan showing the increased area drawn to scale outlined in RED. | | |
| <input type="checkbox"/> Reduced 8-1/2"x11" copied both floor plans | | |
| <input type="checkbox"/> Landlords Authorization for Increase of Premises | | |
| <input type="checkbox"/> Hawaii Department of Health Clearance Form (only if applicable, check with staff) | LIQ-LIC-102 | |
| <input type="checkbox"/> Kauai Public Works - Building Division Clearance | LIQ-LIC-103 | |
| <input type="checkbox"/> Kauai Zoning/ Planning Department Clearance | LIQ-LIC-104 | |

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



DEPARTMENT OF LIQUOR CONTROL
THE COUNTY OF KAUAI

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

LEO SANDOVAL-REYES
DIRECTOR

REQUEST FOR HAWAII DEPARTMENT OF HEALTH CLEARANCE

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

To: Hawaii Department of Health - Sanitation Branch -3040 Umi Street, Lihue, HI 96766, (808) 241-3323.

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

6. For new applications, changes of location, or as requested for any applications by the Hawaii Department of Health - Sanitation , attach a copy of the floor plans, including a location map and description of where business is situated within the building.

7. Description and Type of business including proposed expansion of intended site:

8. Other business on TMK parcel: Yes No
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.) _____

9. Class/Category of Liquor License applied for: _____

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

FOR HAWAII HEALTH DEPARTMENT - SANITATION

BRANCH

Cleared for Liquor Commission Review:

- Use is PERMITTED
- Use is NOT PERMITTED at this time, Conditions apply.

- Use is NOT PERMITTED
- Violation(s) or complaint(s) exist on property
- Conditions met as of: _____

Signature of Hawaii Health Department Representative

Conditions to be met prior to authorization: _____

SIGNATURE Hawaii Health Department - Sanitation Branch Representative

DATE

www.kauai.gov

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LIQ-LIC 102



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

LEO SANDOVAL-REYES
DIRECTOR

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

REQUEST FOR PUBLIC WORKS - BUILDING DIVISION CLEARANCE

The Liquor Commission requires a clearance from the public works- building division for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Clearance to the Public Works - Building Division along with all diagrams of proposed extension. Once a clearance has been received from the Public Works - Building Division, it must be submitted to the Liquor Commission along with this original document.

To: County of Kauai, Public Works - Building Division, 4444 Rice Street, Suite 175, Lihue, HI 96766, (808) 241-4858.

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

6. For new applications, changes of location, or as requested for any applications by the Public Works -Building Divison, attach a copy of the floor plans, including a location map and description of where business is situated within the building.

7. Description and Type of business including proposed expansion of intended site:

8. Other business on TMK parcel: Yes No
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.) _____

9. Class/Category of Liquor License applied for: _____

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

FOR PUBLIC WORKS- BUILDING DEPARTMENT USE

ONLY: Zoning District: _____

Cleared for Liquor Commission Review:

- Use is PERMITTED
- Use is NOT PERMITTED at this time, Conditions apply.

- Use is NOT PERMITTED
- Violation(s) or complaint(s) exist on property
- Conditions met as of: _____

Signature of Building Division Representative

Conditions to be met prior to authorization: _____

SIGNATURE Public Works - Building Division

DATE





DEPARTMENT OF LIQUOR CONTROL
THE COUNTY OF KAUA'I

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

6. For new applications, changes of location, increases, **attach a copy of the floor plans, including a location map and description to the Planning Department** of where business and proposed increase is situated within the property.

7. Description and Type of business expansion/increase intended at site:

8. Other business on TMK parcel: Yes No
If "Yes", specify type (i.e., Hotel, Shopping Center, etc.) _____

9. 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 & ZONING PERMITTED FOR THE PROPOSED EXTENSION AREA.
- NO violation(s) or complaints(s) exist on property

Applicant must contact the Planning Department:

- Use is NOT PERMITTED
- Use is NOT PERMITTED, Unless Additional Permit Obtained (SMA, Use Permit, Special Permit, Variance Permit, Shoreline Setback)
- Violation(s) or complaint(s) exist on property

Please indicate which permit is required if any:

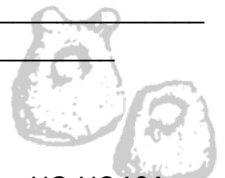
SIGNATURE Planning Department

DATE

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LIQ-LIC 104