KAUAI COUNTY DEPARTMENT OF LIQUOR CONTROL

4444 RICE STREET, SUITE 120, KAUAI, HAWAII 96766 PHONE (808) 241-4699 • EMAIL LIQUOR@KAUAI.GOV INTERNET ADDRESS: https://www.kauai.gov/Liquor

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.

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



DEPARTMENT OF LIQUOR CONTROL THE COUNTY OF KAUA'I

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

REQUEST FOR APPROVAL OF PERMANENT REDUCTION OR **TEMPORARY/PERMANENT INCREASE OF LICENSED PREMISES** HRS §281-62

Complete this form to request approval of permanent reduction, temporary increase, or permanent increase of licensed premises, and provide the required attachments as requested below. For temporary reduction of a licensed premises refer to form I IQ-I IC-158.

CHECK ONE:				
Permanent Reduction	Temporary Increase	Permanent Increase		
LICENSEE INFORMATION:				
Liquor License No	Bus. Ph#	Mobile Ph#		
Licensee Name:		Email:		
Trade Name/DBA:				
Premises Address:				
Reason for Increase or Reduction of Licensed Premises:				

PERMANENT REDUCTION - Required documents to be provided with request

- Existing Floor Plan drawn to scale; outline the licensed area in "black".
- П New Proposed Floor Plan showing the reduced area drawn to scale and outlined in "red".
- Reduced 8 ¹/₂" x 11" copies of both floor plans. П
- Landlord Authorization for permanent reduction of licensed premises П

TEMPORARY INCREASE – Required documents to be provided with request

П Existing Floor Plan with the dimensions of the current licensed premises in "black", and the limits of the proposed temporary increase outlined in "red".

То

- Landlord Authorization for temporary increase of licensed premises
- Duration Date(s)/Time(s) From
 - Department of Health Clearance (LIQ-LIC-102)
- Public Works Building Division Clearance (LIQ-LIC-103)
- Zoning Clearance (LIQ-LIC-104)

PERMANENT INCREASE - Required documents to be provided with request

- Existing Floor Plan drawn to scale; outline the licensed area in "black".
- New Proposed Floor Plan showing the increased area drawn to scale and outlined in "red".
- Reduced 8 1/2" x 11" copied of both floor plans.
- Landlord Authorization for permanent increase of licensed premises.
- Department of Health Clearance (LIQ-LIC-102)
- Public Works Building Division Clearance (LIQ-LIC-103)
- Zoning Clearance (LIQ-LIC-104)

SIGNATURE OF LICENSEE

DATE

PRINTED NAME OF LICENSEE

TITLE



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DEPARTMENT OF LIQUOR CONTROL

THE COUNTY OF KAUA'I

DEREK S. K. KAWAKAMI, MAYOR **REIKO MATSUYAMA, MANAGING 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 - Sanitiation, 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				
BRA	NCH Use is NOT PERMITTED				
	Cleared for Liquor Commission Review:				
	□ Use is PERMITTED □ Conditions met as of:				
á	Signature of Hawaii Health Department Representative				
Conditions to be met prior to authorization:					

SIGNATURE Hawaii Health Department - Sanitation Branch Representative

DATE

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LIQ-LIC 102



DEPARTMENT OF LIQUOR CONTROL THE COUNTY OF KAUA'I

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		
FOF	R PUBLIC WORKS- BUILDING DEPARTMENT USE		
ONLY: Zoning District:			

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SIGNATURE Public Works - Building Division

DATE

LIQ-LIC 103



DEPARTMENT OF LIQUOR CONTROL THE COUNTY OF KAUA'I

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

 \Box NO violation(s) or complaints(s) exist on property

Please indicate which permit is required if any:

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

□ Violation(s) or complaint(s) exist on property

