

LIQUOR CONTROL COMMISSION OF THE COUNTY OF KAUAI
 4444 RICE STREET, SUITE 120, LIHUE, HI 96766
 APPLICATION FOR RENEWAL OF LIQUOR LICENSE

ALL APPLICANTS:			
TYPE OF APPLICATION: LICENSE RENEWAL FISCAL YEAR 2025 LICENSE NUMBER _____	DESCRIPTION OF LICENSE APPLIED FOR		
	CLASS (DISPENSER, RETAIL, ETC.)	KIND (GENERAL, BEER & WINE, ETC.)	CATEGORY
STREET ADDRESS OF PREMISES	MAILING ADDRESS		
EMAIL ADDRESS:			
SOLE PROPRIETORSHIP ONLY:			
APPLICANT'S FULL NAME	NAME OF BUSINESS	BEST CONTACT PHONE NUMBER:	
PARTNERSHIP - LLP ONLY:			
NAME OF PARTNERSHIP	NAME OF BUSINESS	BEST CONTACT PHONE NUMBER:	
NAME OF PARTNERS			BEST CONTACT PHONE NUMBER
CORPORATION - ASSOCIATION - LLC ONLY:			
NAME OF CORPORATION/ASSOCIATION/LLC	NAME OF BUSINESS	BEST CONTACT PHONE NUMBER	
NAMES OF OFFICERS & TITLES/MEMBERS	NAMES OF DIRECTORS		
NAMES OF STOCKHOLDERS OWNING 25% OR MORE OF OUTSTANDING CAPITAL STOCK			
I hereby certify that the above mentioned person(s) has (have) (not) been convicted of a felony and (not) pardoned and is (are) familiar with the Liquor Laws of Hawaii and the Rules and Regulations of the Kauai Liquor Control Commission and is (are) not less than twenty one (21) years of age.			
DATE AND SIGNATURE OF SOLE PROPRIETOR, PARTNER, CORPORATE OFFICER/DIRECTOR OR MEMBER			

State of Hawaii)
 County of Kauai) ss

_____ being first duly sworn, depose(s) and say(s) that
 _____ is (are) authorized to and do(es) make this verification for and on
 behalf of the applicant(s) hereinabove named; that _____ has (have) read the foregoing application; and
 that the statements therein set forth are true.

Subscribed and sworn to before me this
 _____ day of _____, _____

Notary Public, Fifth Judicial Circuit State of
 Hawaii

My Commission expires _____