

LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

REQUEST FOR APPROVAL OF INVENTORY BALANCING

From: _____ DBA: _____
Licensee Name *Trade Name*

By: _____ Title: _____
Type or Print Name *Position*

Signature *Date*

Phone: _____ Fax: _____ Email: _____

Location where inventory balancing records will be kept:

Address: _____
Include Street Number, Street Name, Unit or Suite Number, City, State, Zip Code

Records Contact Person: _____ Title: _____
Type or Print Name *Position*

Phone: _____ Fax: _____ Email: _____

Licensee represents that upon request, it shall produce any records related to the inventory balancing approved herein, which records shall accurately reflect the date, product, amount, originating location, and movement between or among the locations identified below. Failure to comply with these recordkeeping requirements may result in cancellation of the inventory balancing approval for the rest of the liquor license year. These records shall be kept for not less than three (3) years.

PARTICIPATING LOCATIONS: (attach additional sheets if needed)

The requesting licensee and the participating locations MUST be under common ownership.

DBA

Liquor License #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

of Additional Sheets: _____

OFFICE USE:

THIS AUTHORIZATION EXPIRES AT THE END OF THE LIQUOR LICENSE YEAR AND MUST BE RENEWED ANNUALLY

FROM: _____
Month - Day - Year

TO: _____
Month - Day - Year

Approved by: _____
Administrator (or Designee)

Date: _____