

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
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**LANDLORD AUTHORIZATION  
FOR INCREASE OR REDUCTION OF LICENSED PREMISES**

HRS §281-62; Rule §3-83-62

Permanent Reduction                       Temporary Increase                       Permanent Increase

Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Landlord Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AUTHORIZE:**

Lessee (Licensee Name): \_\_\_\_\_ Liquor License #: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

to **increase** or **reduce** the leased licensed premises located at \_\_\_\_\_  
(circle one)

\_\_\_\_\_ Premises Address

On: \_\_\_\_\_ to: \_\_\_\_\_  
(Start Date / Time) (End Date / Time)

See attached floor plan (designated area outlined in RED)

\_\_\_\_\_  
SIGNATURE Landlord

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT Landlord

\_\_\_\_\_  
TITLE

*For HLC Office Use Only*

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_