

**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

NOTIFICATION OF EMPLOYEE TERMINATION

Date: _____

Liquor License #: _____

Licensee Name: _____ DBA: _____

Licensee Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

List the Name(s), Position(s) and Termination Date(s) for each person no longer employed at your establishment.

FULL NAMES OF TERMINATED EMPLOYEES	POSITION <i>(as stated on Liquor ID Card)</i>	DATE OF TERMINATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if additional names are provided on a separate attached sheet.

SIGNATURE Licensee (Owner) Name

Date

PRINT Licensee (Owner) Name

Title

OFFICE USE:

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____