# Change of DBA (Doing Business As) or Trade Name Checklist

**SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Form Number</th>
<th>HLC Initial</th>
</tr>
</thead>
</table>
| Amount Due: $45.00  
   We accept Cash, Cashier’s Check, Money Order, Licensee/Attorney Business Check payable to: City & County of Honolulu, or MasterCard/VISA/Discover (plus an applicable service fee). |             |             |
| Notification of Authorized Agent (if applicable)                | LIQ-LIC-106 |             |
| Request to Change Licensee Trade Name (DBA), Address or Other Contact Information | LIQ-LIC-134 |             |
| Certificate of Trade Name (T-1) or Assignment of Trade Name (T-4)  
   Perform an internet search for T-1 or T-4 form (If dba/trade name is not a Corporate or LLC Name) | Form T-1 or Form T-4 |             |
| Return Original Liquor License Certificate issued to your business |             |             |

**Note:** Any application that is inaccurate or incomplete will be returned.  
*For questions about forms, please email: liq-licensing@honolulu.gov*
NOTIFICATION OF AUTHORIZED AGENT
Rule 3-81-19.3

Effective Date: ____________________ Maximum representation is one (1) year.

If less than one (1) year, enter the end date: ____________________

<table>
<thead>
<tr>
<th>Authorized Agent Name: __________________________</th>
<th>Title: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: __________________________________</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Bus. #: __________________________ Mobile #: _______ Email: _________________________________</td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE Authorized Agent Date

PRINT Authorized Agent

License Number(s) for existing licensees:_________________________________________________________

Licensee/Applicant:

Doing Business As (DBA):__________________________________________________________

Premises Address: ________________________________

________________________________________________________ |

Licensee/Applicant Contact Name: __________________________ | Title: __________________________ |

Bus. #: __________________________ Mobile #: __________________________ Email: __________________________

Licensee/Applicant certifies that the above named authorized agent may act on their behalf before the Honolulu Liquor Commission. Representation is limited to one (1) year, and must be renewed annually.

SIGNATURE Licensee (Owner) Date

PRINT Licensee (Owner)

For HLC Office Use Only

LCIS ENTRY DATE: _____________ HLC STAFF INITIAL: _____________
REQUEST TO CHANGE
LICENSEE TRADE NAME (DBA) / CORPORATE / LLC / PARTNERSHIP
ADDRESS OR OTHER CONTACT INFORMATION
Rule 3-81-17.58

Request to Change (check all that apply):

☐ Licensee Trade Name (DBA)  ☐ Phone Number(s)  ☐ Email Address
☐ Licensee Corporate / LLC / Partnership  ☐ Mailing Address  ☐ Other – must specify below

Liquor License No.: ___________  Applicant / Licensee Name: _____________________________________________

Licensee EXISTING Information
Existing Corporate / LLC / Partnership Name: _______________________________________________________
Existing Trade Name / DBA: ________________________________________________________________
Existing Mailing Address: ______________________________________________________________
Existing Ph #: ___________________________  Existing Mobile Ph #: _____________________________

Existing Email: __________________________________________________________________________

Licensee NEW Information
New Trade Name / DBA: ________________________________________________________________

For New Trade Name (DBA) attach the following three (3) items:

☐ Certificate of Registration of Trade Name (Dept. of Commerce & Consumer Affairs / DCCA).
☐ Return original Liquor License Certificate
☐ $45.00 Filing Fee. Make check payable to the City & County of Honolulu.

For New Corporate / LLC / Partnership Name attach the following two (2) items:

☐ DCCA Business Information printout.
☐ Return original Liquor License Certificate. No fee incurred.

New Mailing Address: ______________________________________________________________
New Ph #: ___________________________  New Mobile Ph #: _____________________________

New Email: __________________________________________________________________________

Other change requests described as follows (documentation may be required):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE Licensee/Authorized Agent ___________________________ DATE _______________

PRINT Licensee/Authorized Agent ___________________________ TITLE ___________________________

OFFICE USE:
LCIS ENTRY DATE: ____________________  HLC STAFF INITIAL: ______________