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

Request for Permanent Reduction OR
Permanent Increase of Licensed Premises
CHECKLIST

<table>
<thead>
<tr>
<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
<th>Form Number</th>
<th>HLC Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td>❑ Request for Approval of Permanent Reduction or Permanent Increase of Licensed Premises</td>
<td>LIQ-LIC-127</td>
<td></td>
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<tr>
<td>❑ Landlord Authorization for Increase of Licensed Premises</td>
<td>LIQ-LIC-128</td>
<td></td>
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<tr>
<td>❑ Provide a copy of the Lease Agreement and amendment showing increase by Landlord.</td>
<td></td>
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<tr>
<td>❑ Current Floor Plan Drawn to Scale</td>
<td></td>
<td></td>
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<tr>
<td>Must include the current licensed area outlined in “red”</td>
<td></td>
<td></td>
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<tr>
<td>❑ New Proposed Floor Plan Drawn to Scale</td>
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<tr>
<td>Must include the proposed licensed area outlined in “red”</td>
<td></td>
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<tr>
<td>❑ Reduced 8-1/2”x11” copies of both floor plans (current and proposed)</td>
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<tr>
<td>Must also include the current and proposed licensed areas outlined in “red”</td>
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<tr>
<td>❑ If the proposed permanent extension is equal to or greater than 50% of the current licensed area, notification to the Chair of the respective neighborhood board is required. Provide original certified mail receipt of neighborhood board notification (postcard mailed back to you, the sender, as confirmation of receipt)</td>
<td></td>
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</tbody>
</table>

For information regarding your Neighborhood Board, contact:
Neighborhood Commission Office www.honolulu.gov/nco
Kapalama Hale, 925 Dillingham Boulevard, Suite 160, Honolulu, HI 96817
Phone: (808)768-3710 Email: nco@honolulu.gov

Approval from one of the following:
❑ Zoning Clearance – Dept. of Planning & Permitting (808)768-8000 or Dept. of Hawaiian Homelands (808)620-9590
❑ If your business is located in the Kakaako/Kalaeloa Area, obtain Zoning Approval from HCDA (Hawaii Community Development Authority): (808)594-0300 Complete the HCDA Request for Zoning Clearance form http://dbedt.hawaii.gov/hcda/permits/
❑ If your business is located at Aloha Tower, obtain Zoning Approval from Aloha Tower Development Corporation: (808)587-3651 79 S Nimitz Highway, Honolulu, Hawaii 96813

Request may be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance approval.

Note: Any application that is inaccurate or incomplete will be returned.
For questions about forms, please email: liq-licensing@honolulu.gov

013 Request for Permanent Increase of Premises Checklist  Rev. 03/06/19
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: ___________________________

| Authorized Agent Name: ______________________________ | Title: ____________________________ |
| Company Name: ___________________________________________________________________________________ |
| Mailing Address: ________________________________________________________________________________ |
| Bus. #: __________________ Mobile #: __________________ Email: ________________________________ |

SIGNATURE Authorized Agent ___________________________ Date ___________________________

PRINT Authorized Agent ___________________________

License Number(s) for existing licensees: ____________________________________________________________

Licensee/Applicant: _____________________________________________________________________________

Doing Business As (DBA): _________________________________________________________________________

Premises Address: ______________________________________________________________________________

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 FOR APPROVAL OF PERMANENT REDUCTION OR TEMPORARY/PERMANENT INCREASE OF LICENSED PREMISES

HRS §281-62; Rule §3-83-62

Complete this form to request approval of permanent reduction, temporary increase, or permanent increase of licensed premises and provide the required attachments as requested below. For temporary reduction of a licensed premises refer to form LIQ-LIC-158.

Check One:

- Permanent Reduction
- Temporary Increase
- Permanent Increase

Licensee Information:

Liquor License #: ______________________________

Applicant / Licensee Name: _____________________________________________________________________________________

Trade Name / DBA: ______________________________________________________________________________________________

Premises Address: _______________________________________________________________________________________________

Reason for Increase or Reduction of Licensed Premises: ________________________________________________________________
______________________________________________________________________________________________________________

PERMANENT REDUCTION - Required documents to be provided with request

- Existing Floor Plan drawn to scale, outline the licensed area in “red”.
- New Proposed Floor Plan showing the reduced area drawn to scale and outlined in “red”.
- Reduced 8-1/2”x11” copies of both floor plans.
- Landlord Authorization for permanent reduction of licensed premises (LIQ-LIC-128)

TEMPORARY INCREASE - Required documents to be provided with request

- Existing Floor Plan with the dimensions of the current licensed premises in “black” and the limits of the proposed temporary increase outlined in “red”.
- Landlord Authorization for temporary increase of licensed premises (LIQ-LIC-128).
- Duration Date(s) / Time(s) From: ______________________ To: ______________________

DATE / TIME

PERMANENT INCREASE - Required documents to be provided with request

- Existing Floor Plan drawn to scale, outline the licensed area in “red”.
- New Proposed Floor Plan showing the increased area drawn to scale and outlined in “red”.
- Reduced 8-1/2”x11” copies of both floor plans.
- Landlord Authorization for permanent increase of licensed premises (LIQ-LIC-128).
- Zoning Clearance (LIQ-LIC-122)
- If the proposed permanent extension is equal to or greater than 50% of the current licensed area, Notification to the Chair of the respective Neighborhood Board is required. Provide original certified mail receipt postcard.

SIGNATURE Licensee / Authorized Agent __________________________

DATE ________________

PRINT Licensee / Authorized Agent __________________________

TITLE __________________________

BUS PHONE # ________________ MOBILE # ________________ EMAIL __________________________

For HLC Office Use Only

LICENSING Approval: __________________________ Approval Date: __________________________

- Approved
- Denied

HLC STAFF Initial: __________________________ LCIS Entry Date: __________________________

Franklin "Don" Pacarro, Jr. Administrator __________________________ Date ____________

LIQ-LIC-127

Rev. 10/23/18
LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU  
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • EMAIL liq-licensing@honolulu.gov  
INTERNET ADDRESS: www.honolulu.gov/liq

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:_______________________

LIQ-LIC-128  Rev. 10/23/18
The Liquor Commission requires a zoning clearance for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Department of Planning & Permitting (DPP). There is a $150.00 filing fee. Checks payable to: City & County of Honolulu. After obtaining a clearance from DPP, you must return to the Liquor Commission with this original document.

To: City & County of Honolulu, Department of Planning & Permitting 650 S. King St., 1st Floor, Honolulu, HI., 96813

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**Applicant to complete information in this block only.**

Do not cross out or erase information. If corrections are necessary, please complete a new form.

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<tbody>
<tr>
<td>1. Name of Applicant:</td>
<td></td>
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<tr>
<td>Trade Name (DBA):</td>
<td></td>
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<tr>
<td>2. Applicant’s Mailing Address:</td>
<td></td>
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<tr>
<td>Phone No.:</td>
<td>Contact Person:</td>
</tr>
<tr>
<td>Site (business) Address:</td>
<td></td>
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<tr>
<td>Tax Map Key (TMK) of site:</td>
<td></td>
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<tr>
<td>6. This is a:</td>
<td></td>
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<tr>
<td>- New Application</td>
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<tr>
<td>- Transfer Application</td>
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<tr>
<td>- Re-Classification</td>
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<tr>
<td>- Extension of Premises</td>
<td></td>
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<tr>
<td>- Change of Location</td>
<td></td>
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<tr>
<td>- 90-day Trial Period for Entertainment</td>
<td></td>
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<tr>
<td>- Outside Warehouse</td>
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<td>7. For new applications, changes of location, or as requested for any applications by the DPP, attach a copy of the floor plans, including a location map and description of where business is situated within the building.</td>
<td></td>
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<tr>
<td>8. Type of business intended at site:</td>
<td></td>
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<tr>
<td>9. Other business on TMK parcel:</td>
<td></td>
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<tr>
<td>- Yes</td>
<td></td>
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<tr>
<td>- No</td>
<td></td>
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<tr>
<td>If “Yes”, specify type (i.e., Hotel, Shopping Center, etc.):</td>
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<tr>
<td>10. Class/Category of Liquor License applied for:</td>
<td></td>
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</tbody>
</table>

**FOR DEPARTMENT OF PLANNING & PERMITTING USE ONLY:**

Zoning District: The applicant is hereby notified that zoning clearances may require up to three weeks of research by the Department of Planning & Permitting (DPP). Approval by the DPP does NOT constitute liquor license approval or approval of any required building permits.

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<tbody>
<tr>
<td>Zoning District:</td>
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<tr>
<td>- Use is NOT PERMITTED</td>
<td></td>
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<tr>
<td>- Use is PERMITTED</td>
<td></td>
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<tr>
<td>- Use is PERMITTED WITH CONDITIONS</td>
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</table>

COMMENTS:   

SIGNATURE Licensee (Owner)/Authorized Agent PRINT Licensee (Owner)/Authorized Agent Date
STATEMENT OF AFFIRMATION
(Voter List & Zoning Clearance)

☐ New Liquor License Application  ☐ Transfer Liquor License Application

Date: ______________________

Applicant Trade Name/DBA: _____________________________________________

Mailing Address: _______________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

Landlord Contact Name: __________________________________ Title: ______________________

Bus. #:__________________ Mobile #:__________________ Email:____________________

☐ I’ve submitted a request for a Voters List to the Office of the City Clerk on ______________________ Date

☐ I’ve submitted for Zoning Clearance to the Dept. of Planning & Permitting or HCDA (Hawaii Community Development Authority) if licensed premises is located in the Kakaako or Kalaeloa area. ______________________ Date

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

_________________________________________                          ______________________
SIGNATURE Applicant                                                   DATE

_________________________________________                          ______________________
PRINT Applicant                                                      TITLE

For HLC Office Use Only

LCIS ENTRY DATE:_____________________    HLC STAFF INITIAL:____________________