Request for Temporary Increase of Licensed Premises
CHECKLIST

Application must be submitted a minimum of three (3) weeks prior to the event.

<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 Increase of Licensed Premises</td>
<td>LIQ-LIC-127</td>
<td></td>
</tr>
<tr>
<td>❑ Landlord Authorization for Increase of Licensed Premises</td>
<td>LIQ-LIC-128</td>
<td></td>
</tr>
<tr>
<td>❑ Floor Plan with the dimensions of the current licensed premises in “black” and the dimensions of the proposed temporary increase outlined in “red”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________

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 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 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: ___________________________

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

Rev. 10/23/18
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 ________________________________
(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: ________________

Reserved for Office Use (Date/Time Stamp)