Request for Duplicate Liquor License
CHECKLIST

<table>
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<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
<th>Form Number</th>
<th>HLC Initial</th>
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<tr>
<td>☐ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
<td></td>
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<tr>
<td>☐ Completed and Notarized Request for Duplicate Liquor License</td>
<td>LIQ-LIC-110</td>
<td></td>
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</table>

Note: Any application that is inaccurate or incomplete will be returned. No fee incurred to request for duplicate liquor license.

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: ____________
APPLICATION FOR
DUPLICATE LIQUOR LICENSE

To the Liquor Commission of the City and County of Honolulu:
The UNDERSIGNED hereby applies for a duplicate to replace the following license:

License #: ____________________ Effective Date: ____________________

Class: ____________________ Kind: ____________________
(Dispenser, Retail, etc.) (General, Beer, etc.)

Issued To ____________________

Doing Business As (DBA): ____________________

For the Premises Located at: ____________________

The License for which a duplicate is asked for was lost or destroyed in the manner indicated below and is no longer in possession of the Licensee.

____________________________________________   ___________________________________
SIGNATURE Licensee (Owner)/Authorized Agent  PRINT LICENSEE (Owner)/Authorized Agent

___________________________________
DATE

FOR NOTARY USE ONLY

STATE OF HAWAII
City and County of Honolulu } SS.

On this __________ day of __________, in the year of __________, personally appeared

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the foregoing instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the aforementioned instrument the person, or the entity upon behalf of which
the person(s) acts, executed the aforementioned instrument in free act and deed.

____________________________________________   _______________________
Signature of applicant(s) before Notary  Notary Signature Date

Signature of Notary

Print Name: ____________________
Notary Public, State of Hawaii

My commission expires ____________________

(Place Notary Stamp or Seal here)

NOTARY CERTIFICATION

Date of Doc: ____________________  # of Pages: ____________________

Notary Name: ____________________  Circuit ____________________

Doc. Description: ____________________

Notary Signature ____________________ Date ____________________

(Place Notary Stamp or Seal here)