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 USE OF  
TABLETOP GAMES / GAMING DEVICES / ENTERTAINMENT MACHINES & EQUIPMENT  
Rule §3-82-47.1

License #:______________________

Doing Business As (DBA):______________________________________________

Premises Address: ____________________________________________________

______________________________________________________________________

______________________________________________________________________

Licensee Contact Name: ________________________________________________

Title:________________________________________________________________

Bus. #:_________________________ Mobile #:______________________________

Email:____________________________

Provide quantity and describe the tabletop game(s), device(s), entertainment machine(s) and equipment to be used: (Attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description of tabletop game/device/machine/equipment</th>
<th>Manufacturer</th>
<th>Model #</th>
<th>Serial #</th>
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For all tabletop game(s), gaming device(s), entertainment machine(s) and equipment listed above, I represent the following statement is true:

THAT IF THE REQUESTED GAME IS A TABLETOP GAME, GAME MACHINE OR MECHANICAL DEVICE, THE PLAYER IS NOT ENTITLED TO A REWARD OF MONEY, PROPERTY, OR SOMETHING OF VALUE IN A GAME IN WHICH CHANCE IS A FACTOR. ALL TABLETOP GAMES, MACHINES OR MECHANICAL DEVICES ARE FOR AMUSEMENT PURPOSES ONLY. THIS APPROVAL IS AUTOMATICALLY REVOKED IF THE TABLETOP GAME, GAME MACHINE OR MECHANICAL DEVICE IS USED, MODIFIED, OR ALTERED TO PERFORM IN A MANNER INCONSISTENT WITH THIS REPRESENTATION.

________________________________________  _____________________________
SIGNATURE Licensee (Owner) / Authorized Agent       DATE

________________________________________  _____________________________
PRINT Licensee (Owner) / Authorized Agent        TITLE

For HLC Office Use Only

LCIS ENTRY DATE: __________________________   ☐ Approved   ☐ Denied

HLC STAFF INITIAL: __________________________  

________________________________________  _____________________________
Franklin “Don” Pacarro, Jr. Administrator       Date

LIQ-LIC-111
Rev. 03/01/19