

**LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

**REQUEST TO CHANGE
LICENSEE TRADE NAME (DBA), ADDRESS OR OTHER CONTACT INFORMATION**
Rule 3-81-17.58

Request to Change (check all that apply):

- Licensee Trade Name (DBA) Mailing Address Phone Number(s) Email Address
 Other – must specify below

Liquor License No.: _____ **Licensee (Owner) Name:** _____

Licensee EXISTING Information

Existing Trade Name (DBA): _____

Existing Mailing Address: _____

Existing Phone Number(s): _____ Existing FAX Number: _____

Existing Email: _____

Licensee NEW Information

We request to make the following changes:

New Trade Name (DBA): _____

For New Trade Name (DBA) attach the following two (2) items:

- Certificate of Registration of Trade Name from the State of Hawaii DCCA
(Dept. of Commerce & Consumer Affairs).
 \$30.00 Filing Fee. Make check payable to the City & County of Honolulu.

New Mailing Address: _____

New Phone Number(s): _____ New FAX Number: _____

New Email: _____

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

SIGNATURE Licensee (Owner)/Authorized Agent

DATE

PRINT Licensee (Owner)/Authorized Agent

TITLE

OFFICE USE:

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____