Reserved for Office Use (Date/Time Stamp)

LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
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PHONE (808) 768-7300 • EMAIL liq-licensing@honolulu.gov
INTERNET ADDRESS: www.honolulu.gov/liq

REQUEST FOR APPROVAL OF TEMPORARY REDUCTION OF LICENSED PREMISES

HRS §281-62; Rule §3-83-62

This form must be submitted at least fifteen (15) business days prior to the proposed event date.

Liquor License #:_____

Licensee Name: _____

Trade Name / DBA: _____

Premises Address: _____

Licensee Contact Name: _____ Title: _____

Bus. #:_____ Mobile #:_____ Email: _____

Reason for Temporary Reduction (e.g. special event, trade show, etc.): _____

_____

Temporary Reduction Start Date & Time: _____ End Date & Time: _____

Description of contiguous Temporarily Reduced area (e.g. location, dimensions of area, name of ballroom, etc.):

_____

_____

❑ Attach an existing Floor Plan (8-1/2" x 11" or larger) of the licensed premises and outline the proposed reduced area in red.

The licensee acknowledges the following:

HRS §281-78 Prohibitions.
(b) At no time under any circumstances shall any licensee or its employee:
(2) Permit any liquor to be consumed on the premises of the licensee or on any premises connected therewith, whether there purchased or not, except as permitted by the terms of its license;

_____ _____
SIGNATURE Licensee / Authorized Agent DATE

_____ _____
PRINT Licensee / Authorized Agent TITLE

For HLC Office Use Only

Investigator's Report/Opinion:

INVESTIGATOR'S Report Generated & Reviewed: _____ Date: _____
Reviewed by SUPERVISING INVESTIGATOR: _____ Date: _____
ADMINISTRATOR Approved / Denied: _____ Date: _____
LCIS Entry - HLC STAFF Initial: _____ Date: _____