

**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

**ADD OR DELETE MEMBERS/MANAGERS/PARTNERS
FOR LLC, PARTNERSHIP OR UNINCORPORATED ASSOCIATION**

HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Application/Change: _____ License # (if existing): _____

Licensee Name: _____

Doing Business As (DBA): _____

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

Premises Address: _____

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

Changes to Members/Managers/Partners as follows (attach additional sheets if necessary):

**Please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129),
completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132),
& copies of supporting documents to confirm the appointment of the Member/Manager/Partner & position.
(Personal History and Criminal History Record does not apply to Transient Vessel Applications.)**

<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<u>Name</u>	<u>Title</u>	<u># of Shares</u>	<u>% of Ownership</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

INITIAL I certify that all Officers/Directors listed above are at least 21 years of age.

Change to existing Members/Managers/Partners:

<u>Name</u>	<u>Change From</u>	<u>Change To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE Licensee (Owner) / Authorized Agent

DATE

PRINT Licensee (Owner) / Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner.

Notary Initial
(If applying for New License or Transfer of License) _____

For HLC Office Use Only

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____