RESET Form PRINT

LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
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PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

TIMEKEEPING RECORD SYSTEM APPROVAL REQUEST

Rule 3-82-38.4(c)

License #:_____

Licensee Name: _____

Doing Business As (DBA): _____

Premises Address: _____

_____

_____

Licensee Contact Name: _____ Title: _____

Phone:_____ Fax:_____ Email:_____

System Manufacturer:_____Model #:_____

Describe how your timekeeping system operates, how it allows employees to clock in and out for work, and how timesheets may be previewed and printed.

_____

_____

_____

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❑ Attach sample print out of timekeeping records.

_____ _____
SIGNATURE Licensee (Owner)/Authorized Agent Date

_____ _____
PRINT License (Owner)/Authorized Agent Title

- -

OFFICE USE: ☐ Approved ☐ Denied

LCIS ENTRY DATE: _____ HLC STAFF Initial: _____ _____ _____
HLC Signature *Date*