

**LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
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INTERNET ADDRESS: www.honolulu.gov/liq

**REQUEST FOR CANCELLATION OR SAFEKEEPING
OF LIQUOR LICENSE**

HRS §281-41(j), §281-96, Rules §3-85-91.11, §3-85-91.12, §3-81-17.54(c)

Check one (1):

Cancellation of Liquor License

The date of cancellation will be determined by the Liquor Commission. A final Gross Liquor Sales Report shall be due and payable no later than 31 days after cancellation.

For Liquor Commission only – Date liquor license Canceled: _____

Liquor License on Temporary Status, pending license transfer

(Supervisor approval required to release license prior to transfer)

*For Liquor Commission only – Date license status changed from Active to On Temp: _____
(When license transfer is complete, file this form and the original license certificate in transferee's file.)*

Request to place Liquor License in Safekeeping (Expires June 30)

Any request to renew a liquor license in safekeeping beyond June 30, must be heard at a public hearing and receive Commission approval. Licensee must continue to comply with all Liquor Commission laws and rules, including submission of the Annual Gross Liquor Sales Report by July 31, regardless of the sales amount.

For Liquor Commission only – Date liquor license was placed in Safekeeping: _____

Request to remove Liquor License from Safekeeping

Received by (Print Name): _____ Phone #: _____

For Liquor Commission only – Date liquor license was picked-up and status reverted back to "Active": _____

Provide the following information:

Liquor License #: _____

Licensee Name: _____

Trade Name/DBA: _____

Premises Address: _____

Check one (1):

Attach the original Liquor License to this request

Unable to return original Liquor License. Explain: _____

SIGNATURE Licensee (Owner) / Authorized Agent

DATE

PRINT Licensee (Owner) / Authorized Agent

Forward Correspondence to: _____
Contact Name

Mailing Address: _____

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

For HLC Office Use Only

LCIS ENTRY DATE: _____

Approved

Denied

HLC STAFF INITIAL: _____

Franklin "Don" Pacarro, Jr.
Administrator

Date