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 PERMANENT REDUCTION OR TEMPORARY/PERMANENT INCREASE OF LICENSED PREMISES

HRS §281-62; Rule §3-83-62

Complete this form to request approval of permanent reduction, temporary increase, or permanent increase of licensed premises and provide the required attachments as requested below. For temporary reduction of a licensed premises refer to form LIQ-LIC-158.

Check One:

❑ Permanent Reduction ❑ Temporary Increase ❑ Permanent Increase

Licensee Information:

Liquor License #: _____

Applicant / Licensee Name: _____

Trade Name / DBA: _____

Premises Address: _____

Reason for Increase or Reduction of Licensed Premises: _____

_____

PERMANENT REDUCTION - Required documents to be provided with request

❑ Existing Floor Plan drawn to scale, outline the licensed area in "red".
❑ New Proposed Floor Plan showing the reduced area drawn to scale and outlined in "red".
❑ Reduced 8-1/2"x11" copies of both floor plans.
❑ Landlord Authorization for permanent reduction of licensed premises (LIQ-LIC-128)

TEMPORARY INCREASE - Required documents to be provided with request

❑ Existing Floor Plan with the dimensions of the current licensed premises in "black" and the limits of the proposed temporary increase outlined in "red".
❑ Landlord Authorization for temporary increase of licensed premises (LIQ-LIC-128).
❑ Duration Date(s) / Time(s) From: _____ To: _____
DATE / TIME DATE / TIME

PERMANENT INCREASE - Required documents to be provided with request

❑ Existing Floor Plan drawn to scale, outline the licensed area in "red".
❑ New Proposed Floor Plan showing the increased area drawn to scale and outlined in "red".
❑ Reduced 8-1/2"x11" copies of both floor plans.
❑ Landlord Authorization for permanent increase of licensed premises (LIQ-LIC-128).
❑ Zoning Clearance (LIQ-LIC-122)
❑ If the proposed permanent extension is equal to or greater than 50% of the current licensed area, Notification to the Chair of the respective Neighborhood Board is required. Provide original certified mail receipt postcard.

_____ _____
SIGNATURE Licensee / Authorized Agent DATE

_____ _____
PRINT Licensee / Authorized Agent TITLE

_____ _____ _____
BUS PHONE # MOBILE # EMAIL

For HLC Office Use Only

LICENSING Approval: _____ Approval Date: _____ ❑ Approved ❑ Denied

HLC STAFF Initial: _____ LCIS Entry Date: _____ _____ _____
Franklin "Don" Pacarro, Jr. *Date*
Administrator