

**LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

**STATEMENT OF AFFIRMATION
(Special Liquor License - Zoning Clearance)**

Date: _____

Applicant Trade Name/DBA: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

I've submitted for Zoning Clearance to the Dept. of Planning & Permitting on _____
Date

I will provide approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

SIGNATURE Applicant Date

PRINT Applicant Title

OFFICE USE:

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____