

**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](mailto:liq-licensing@honolulu.gov)  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**REQUEST FOR INTERNAL RENOVATIONS**

Date: \_\_\_\_\_

Liquor License No.: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Trade Name (DBA): \_\_\_\_\_

Premises Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensee Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bus. #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Corporate mailing Address: \_\_\_\_\_

Description of renovations/alterations (in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2 Separate Floor Plans Drawn to Scale
  - Provide floor plan to include the current layout of the licensed premises with the area where liquor is being sold/served outlined in "red".
  - Provide additional floor plan to include the future or planned renovations of the licensed premises with the area where liquor is being sold/served outlined in "red".
- Copy of both Floor Plans drawn to scale and reduced to 8 ½" x 11".

\_\_\_\_\_  
SIGNATURE Applicant / Licensee

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT Applicant / Licensee

\_\_\_\_\_  
TITLE

**For HLC Office Use Only**

LCIS ENTRY DATE: \_\_\_\_\_

Approved  Denied

HLC STAFF INITIAL: \_\_\_\_\_

\_\_\_\_\_  
*Franklin "Don" Pacarro, Jr.*  
Administrator

\_\_\_\_\_  
Date