

**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](http://www.honolulu.gov/liq)

**ADD OR DELETE OFFICERS/DIRECTORS  
CORPORATION ONLY**

HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Change: \_\_\_\_\_ License # (if existing): \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Class: \_\_\_\_\_ Kind: \_\_\_\_\_  
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premise Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Changes to Officers/Directors as follows (attach additional sheets if necessary):

**IF ADDING A NEW OFFICER/DIRECTOR, please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129), completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132), & copies of supporting documents to confirm the appointment of the Officer/Director & position. (Personal History and Criminal History Record does not apply to Transient Vessel Applications.)**

Add	Delete	<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

\_\_\_\_\_  
**INITIAL** I certify that all Officers/Directors listed above are at least 21 years of age.

\_\_\_\_\_  
SIGNATURE Licensee (Owner)/Authorized Agent

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT Licensee (Owner)/Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner.

Notary Initial  
(If applying for New License or Transfer of License) \_\_\_\_\_

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OFFICE USE:

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_