Reserved for Office Use: Date/Time Stamp

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

CANCELLATION OR SAFEKEEPING
OF LIQUOR LICENSE

HRS Sections 281-41(j), 281-96Rules 3-85-91.11, 3-85-91.12

❑ **Attach the original Liquor License to this request**

Please check one:

❑ **Cancellation of Liquor License**
❑ **Request to place Liquor License in Safekeeping (Expires June 30th)***

Effective Date:_____ Time:_____

Liquor License #_____

Licensee Name:_____

Trade Name/DBA: _____

_____ _____
SIGNATURE Licensee (Owner)/Authorized Agent Date

_____
PRINT Licensee (Owner)/Authorized Agent

Forward Correspondence to:_____
Contact Name

Mailing Address_____

Phone:_____ Fax:_____ Email:_____

Commission approval required if license will remain in safekeeping beyond June 30 and renewed.

OFFICE USE: ❑ Approved ❑ Denied

LCIS ENTRY DATE: _____ HLC STAFF Initial: _____ _____ _____
HLC Signature *Date*