

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

REQUEST FOR PUBLIC INFORMATION
 Rule 3-81-14.1

Requestor: _____ Date: _____
PRINT Name

Address: _____

Res. or Cell Ph:() _____ Bus. Ph:() _____

E-mail: _____ Fax:() _____

I request the release of, and/or to review, the following public information from the licensee's file:
 (e.g. employee listing, tax map, etc.)

Trade Name (DBA): _____ Liquor License #: _____

Signature: _____ I will pick up hardcopy Send digital copy via email
 Mail hardcopy via USPS (postage charges will apply)

NOTES:

- Should the research require extensive work hours, the Requestor will be contacted by the Liquor Commission with the estimated costs. 50% prepayment of the estimated costs will be required.
 Search costs: \$2.50 / 15 mins, Review/Redact: \$5.00 / 15 mins. No charge up to \$30.00.
- Payment for applicable copying charges, research, review, and/or redaction fees must be received prior to the release of the requested documents. Cash or Business Check payable to: *City & County of Honolulu*.

[FOR LIQUOR COMMISSION PERSONNEL ONLY]

UIPA# _____

SECTION	COMPLETED BY HLC STAFF	PROCESSING TIME:	COST
<input type="checkbox"/> Front Counter	_____	(Photocopies: 1 st page 50¢, following pages 25¢ each)	
<input type="checkbox"/> Admin Clerical	_____	Copying: # of pages _____	\$ _____
<input type="checkbox"/> Auditing	_____	Search: _____	\$ _____
<input type="checkbox"/> Hearings	_____	Review/Redact: _____	\$ _____
<input type="checkbox"/> Licensing	_____	TOTAL: _____	\$ _____
<input type="checkbox"/> Enforcement	_____		
<input type="checkbox"/> IT	_____		

Upon Completion, please return to Front Counter for customer contact and payment.

Job complete (Date: _____) Unable to complete, Reason: _____
 Contacted customer for pick up: HLC Staff Initial _____ Date(s): _____
 Cust. p/u, Date: _____ Emailed to Cust., Date: _____ Mailed to Cust., Date: _____
 Paid by: Cash Check#: _____ Account HLC Staff Initial _____ Receipt#: _____