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

AUTHORIZATION
TO OPERATE ON A TEMPORARY LIQUOR LICENSE

(Supplement to Standard Temporary Liquor License Application)

Standard Temporary Liquor License: Existing active liquor license being transferred to a new owner.

Date: _____

Existing Licensee Name:_____ License #:_____

Trade Name (DBA): _____

Mailing Address: _____

_____

_____

Existing Licensee Contact: _____ Title: _____

Phone:_____ Fax:_____ Email:_____

I AUTHORIZE:

Transferee/Applicant Name: _____

Trade Name (DBA): _____

to operate on a temporary license.

_____ _____
SIGNATURE Existing Licensee Date

_____ _____
PRINT Existing Licensee Title

_____ _____
SIGNATURE New Licensee (Owner) Date

_____ _____
PRINT New Licensee (Owner) Title

OFFICE USE: ❑ Approved ❑ Denied

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