SUBMISSION OF
MANAGEMENT OR OPERATING AGREEMENT
Rule §3-82-41.4

Notify the Liquor Commission in writing, of any changes that occur to your Management or Operating Agreement.

Date: ______________________

Liquor License #: ______________________

Licensee Name: ___________________________________________ DBA: ________________________________

Licensee Contact Name: ________________________________ Title: ________________________________

Phone: __________________ Fax: __________________ Email: __________________

Name of Manager, Operator or Entity: __________________________________________________________

Contact Name: ________________________________ Title: ________________________________

Phone: __________________ Fax: __________________ Email: __________________

Required supporting documents:

☐ Attach Management or Operating Agreement

Rule §3-82-41.4(b)

(1) The agreement is restricted to permitting the operator to manage and operate the licensed premises on behalf of the licensee, and the licensee shall remain in possession and control of the licensed premises.

(2) Except in the case of a management or operating agreement pertaining to a hotel or condominium hotel license, the agreement shall be for the entire licensed premises.

(3) To the best of the licensee’s knowledge, information, and belief, any proposed person or any principal of the management or operating entity is a fit and proper person to hold a liquor license in the individual’s or principal’s own right in conformance with Section 281-45, Hawaii Revised Statutes.

☐ Attach documentation required by Rule §3-83-53.1(a)(1)(i)-(iv) as applicable for the Manager, Operator, or Entity.

If Liquor License will be transferred to new ownership, provide expected date of transfer of the license to the new Manager, Operator or Entity: ______________________

(Except in the case of a management or operating agreement pertaining to a Hotel or Condominium Hotel license)

By signing below, I hereby agree and certify all statements above to be true and correct:

___________________________________________________________ ________________________________
SIGNATURE Licensee (Owner) Name Date

___________________________________________________________ ________________________________
PRINT Licensee (Owner) Name Title

OFFICE USE:

☐ Approved ☐ Denied

LCIS ENTRY DATE: _______________ HLC STAFF INITIAL: _______________

________________________ __________
Franklin “Don” Pacarro, Jr. Date
Administrator