

DEPARTMENT OF LIQUOR CONTROL • COUNTY OF MAUI

110 'Ala'ihi Street, Room 212, Kahului, Hawaii 96732
Phone: (808) 243-7063 • Email: DLCLicensing@mauicounty.gov

APPLICATION FOR TRANSIENT VESSEL LIQUOR LICENSE

1. Applicant: _____ hereby makes the following application for a transient vessel liquor license as provided by the provisions of Section 281- 31(h) of the Hawaii Revised Statutes, as amended.

2. Name of vessel: _____

3. Effective date(s): _____

4. Location: _____

5. Names of officers and directors of the corporation, partners of the partnership, members or managers of a limited liability company.

Full Name of Officer

Position

Full Name of Officer

Position

Full Name of Officer

Position

6. Mailing address: _____
Address State Zip

7. By: _____
Signature of Applicant Date

Print Name Position

STATE OF HAWAII)
)
COUNTY OF MAUI) SS.

This _____ page Application for Transient Vessel Liquor License dated _____, 20____ was subscribed and sworn to before me this _____ day of _____, 20__, in the Second Circuit of the State of Hawaii, by _____ whose identity I verified, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person and if applicable, in the capacity shown, having been duly authorized to execute such instrument in such capacity.

Print Name: _____
Notary Public, State of Hawaii
My commission expires: _____

FOR DEPARTMENT USE ONLY

Date received: _____ Application number: _____

Recommended by: _____ Grant () Refuse ()

By: _____ License Fee: _____
Director