

**DEPARTMENT OF LIQUOR CONTROL • COUNTY OF MAUI**

110 'Ala'ihī Street, Room 212, Kahului, Hawaii 96732

Phone (808) 243-7063 • Email: [liquor@mauicounty.gov](mailto:liquor@mauicounty.gov)

**APPLICATION FOR LIQUOR LICENSE**

**ALL APPLICANTS**

Applicant:

Trade Name:

Application for:

New ☐

Transfer ☐

Temporary ☐

Class

Kind

Category

**DESCRIPTION AND LOCATION**

Leased Area (sq. ft.):

Days and Hours of Operation:

Description of Premises:

Address:

Physical Address

City

Zip Code

Mailing Address

City

Zip Code

Premises Phone Number

Office Phone Number

E-mail Address

**SOLE PROPRIETORSHIP ONLY**

Individual's Full Legal Name

Last Name

First Name

Middle Name

**PARTNERSHIP – LLP ONLY**

Full Legal Names of Partners

|               |                |                 |                   |
|---------------|----------------|-----------------|-------------------|
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |

**CORPORATIONS – ASSOCIATION – LLC ONLY**

Full Legal Names of Officers/Directors/Members/Managers, etc.

|               |                |                 |                   |
|---------------|----------------|-----------------|-------------------|
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |
| _____<br>Last | _____<br>First | _____<br>Middle | _____<br>Title(s) |

**TRANSFERS ONLY**

Transfer From:

License Number

Present Licensee

Trade Name

License Class

Kind

Category

**SIGNATURE**

I certify that the information provided within this application is true and correct and that the applicant, partners of the partnership, officers or directors of the corporation, members, managers, agents, or organizers of the L.L.C., or persons owning or controlling 25% or more of the applicant's outstanding corporate stock, and any person in the subdivision(s) thereof, are 21 years of age or older and have not been convicted of a felony and not pardoned.

Signature

Date

Print Name and Position

STATE OF HAWAII            )  
COUNTY OF MAUI        )       SS.  
                                      )

This\_\_\_\_\_ page Application for 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 identify 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:

By:

Application Number:

Temporary License Number:

Filing Fee:

Temporary License Fee:

License Fee:

Publication Fee:

Preliminary Hearing Date:

Public Hearing Date:

Date License Issued:

License Number:

Date Application Denied or Withdrawn: