Request for Permanent Reduction OR Permanent Increase of Licensed Premises

CHECKLIST

<table>
<thead>
<tr>
<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
<th>Form Number</th>
<th>HLC Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
<td></td>
</tr>
<tr>
<td>❑ Request for Approval of Permanent Reduction or Permanent Increase of Licensed Premises</td>
<td>LIQ-LIC-127</td>
<td></td>
</tr>
<tr>
<td>❑ Landlord Authorization for Increase of Licensed Premises (form must be submitted with an original signature)</td>
<td>LIQ-LIC-128</td>
<td></td>
</tr>
<tr>
<td>❑ Provide a copy of the Lease Agreement and amendment showing increase by Landlord.</td>
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</tbody>
</table>
| ❑ Current Floor Plan Drawn to Scale  
  Must include the current licensed area outlined in “red” |             |             |
| ❑ New Proposed Floor Plan Drawn to Scale  
  Must include the proposed area to be licensed outlined in “red” |             |             |
| ❑ Reduced 8-1/2”x11” copies of both floor plans (current and proposed)  
  Must also include the current and proposed licensed areas outlined in “red” |             |             |
| ❑ If the proposed permanent extension is equal to or greater than 50% of the current licensed area, notification to the Chair of the respective neighborhood board is required.  
  Provide original certified mail receipt of neighborhood board notification (postcard mailed back to you, the sender, as confirmation of receipt) |             |             |

For information regarding your Neighborhood Board, contact:

Neighborhood Commission Office www.honolulu.gov/nco
Kapalama Hale, 925 Dillingham Boulevard, Suite 160, Honolulu, HI 96817
Phone: (808)768-3710  Email: nco@honolulu.gov

Approval from one of the following:

❑ Zoning Clearance – Dept. of Planning & Permitting  (808)768-8000  or  
  Dept. of Hawaiian Homelands  (808)620-9590
❑ If your business is located in the Kakaako/Kalaeloa Area, obtain Zoning Approval from HCDA (Hawaii Community Development Authority):  (808)594-0300  
  Complete the HCDA Request for Zoning Clearance form  
  http://dbedt.hawaii.gov/hcda/permits/  
  LIQ-LIC-122
❑ If your business is located at Aloha Tower, obtain Zoning Approval from Aloha Tower Development Corporation:  (808)587-3651  
  79 S Nimitz Highway, Honolulu, Hawaii 96813  
  LIQ-LIC-140
  Statement of Affirmation (optional)

Request may be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance approval.

Note: Any application that is inaccurate or incomplete will be returned.

For questions about forms, please email:  liq-licensing@honolulu.gov

013 Request for Permanent Increase of Premises Checklist  Rev. 12/17/19
NOTIFICATION OF AUTHORIZED AGENT
(Rule 3-81-19.3)

Effective Date: ____________________ Maximum representation is one (1) year.
If less than one (1) year, enter the end date: ____________________

<table>
<thead>
<tr>
<th>Authorized Agent Name: ____________________</th>
<th>Title: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: ______________________________</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Bus. #: __________________ Mobile #: _________</td>
<td>Email: ____________________</td>
</tr>
</tbody>
</table>

LCIS Access (Optional)
Choose an LCIS Username (Must be between 8 – 32 characters long, one character per box):

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All Licensees/Licenses may be linked to one (1) LCIS Username. One (1) LCIS User Account per email address.

SIGNATURE Authorized Agent ____________________ Date ____________________

PRINT Authorized Agent ____________________

License Number(s) for existing licensees: ____________________

Licensee/Applicant: ____________________

<table>
<thead>
<tr>
<th>Licensee/Applicant</th>
<th>Contact Name: ____________________</th>
<th>Title: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus. #: _________</td>
<td>Mobile #: ___________</td>
<td>Email: ____________________</td>
</tr>
</tbody>
</table>

Licensee/Applicant certifies that the above named authorized agent may act on their behalf before the Honolulu Liquor Commission. Representation is limited to one (1) year, and must be renewed annually.

SIGNATURE Licensee (Owner) ____________________ Date ____________________

PRINT Licensee (Owner) ____________________

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For HLC Office Use Only

LCIS ENTRY DATE: _____________ HLC STAFF INITIAL: _____________

LIQ-LIC-106
Rev. 04/20/2020
REQUEST FOR APPROVAL OF PERMANENT REDUCTION OR TEMPORARY/PERMANENT INCREASE OF LICENSED PREMISES

HRS §281-62; Rule §3-83-62

Complete this form to request approval of permanent reduction, temporary increase, or permanent increase of licensed premises and provide the required attachments as requested below. For temporary reduction of a licensed premises refer to form LIQ-LIC-158.

Check One:

☑ Permanent Reduction
☐ Temporary Increase
☐ Permanent Increase

Licensee Information:

Liquor License #: __________________________

Applicant / Licensee Name: __________________________________________________________

Trade Name / DBA: __________________________________________________________

Premises Address: ________________________________________________________________

Reason for Increase or Reduction of Licensed Premises: _____________________________

PERMANENT REDUCTION - Required documents to be provided with request

☐ Existing Floor Plan drawn to scale, outline the licensed area in “red”.
☐ New Proposed Floor Plan showing the reduced area drawn to scale and outlined in “red”.
☐ Reduced 8-1/2”x11” copies of both floor plans.
☐ Landlord Authorization for permanent reduction of licensed premises (LIQ-LIC-128)

TEMPORARY INCREASE - Required documents to be provided with request

☐ Existing Floor Plan with the dimensions of the current licensed premises in “black” and the limits of the proposed temporary increase outlined in “red”.
☐ Landlord Authorization for temporary increase of licensed premises (LIQ-LIC-128).
☒ Duration Date(s) / Time(s) From: __________________________ To: __________________________

DATE / TIME DATE / TIME

PERMANENT INCREASE - Required documents to be provided with request

☐ Existing Floor Plan drawn to scale, outline the licensed area in “red”.
☐ New Proposed Floor Plan showing the increased area drawn to scale and outlined in “red”.
☐ Reduced 8-1/2”x11” copies of both floor plans.
☐ Landlord Authorization for permanent increase of licensed premises (LIQ-LIC-128).
☐ Zoning Clearance (LIQ-LIC-122)
☐ If the proposed permanent extension is equal to or greater than 50% of the current licensed area, Notification to the Chair of the respective Neighborhood Board is required. Provide original certified mail receipt postcard.

SIGNATURE Licensee / Authorized Agent ___________________________ DATE ___________________________ 

PRINT Licensee / Authorized Agent ___________________________ TITLE ___________________________

BUS PHONE # ___________________________ MOBILE # ___________________________ EMAIL ___________________________

For HLC Office Use Only

☐ Approved ☐ Denied

LICENSING Approval: __________________________ Approval Date: __________________________

HLC STAFF Initial: __________________________ LCIS Entry Date: __________________________

Franklin “Don” Pacarro, Jr.
Administrator

Date __________________________

LIQ-LIC-127

Rev. 10/23/18
LANDLORD AUTHORIZATION
FOR INCREASE OR REDUCTION OF LICENSED PREMISES
HRS §281-62; Rule §3-83-62

☐ Permanent Reduction  ☐ Temporary Increase  ☐ Permanent Increase

Date: __________________________

Landlord Name: ______________________

Mailing Address: __________________________

____________________________________

Landlord Contact Name: _____________________  Title: ______________________

Bus. Phone #: ___________________  Mobile #: ___________________  Email: ______________________

I AUTHORIZE:

Lessee (Licensee Name): ____________________________  Liquor License #: ____________________

Trade Name (DBA): __________________________

to increase or reduce the leased licensed premises located at __________________________

(circle one)

Premises Address

On: __________________ to: __________________

(Start Date / Time)  (End Date / Time)

☐ See attached floor plan (designated area outlined in RED)

________________________________________

SIGNATURE Landlord  DATE

________________________________________

PRINT Landlord  TITLE

For HLC Office Use Only

LCIS ENTRY DATE: _________________  HLC STAFF INITIAL: _________________
The Liquor Commission requires a zoning clearance for the site of the proposed licensed business premises from the liquor license applicant. The applicant must submit this Request for Zoning Clearance to the Department of Planning & Permitting (DPP). There is a **$150.00 filing fee**. Checks payable to: City & County of Honolulu. After obtaining a clearance from DPP, you must return to the Liquor Commission with this original document.

To: City & County of Honolulu, Department of Planning & Permitting 650 S. King St., 1st Floor, Honolulu, HI., 96813

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<table>
<thead>
<tr>
<th>Applicant to complete information in this block only.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not cross out or erase information. If corrections are necessary, please complete a new form.</td>
</tr>
</tbody>
</table>

1. **Name of Applicant**:  

   **Trade Name (DBA)**:  

2. **Applicant's Mailing Address**:  

3. **Phone No.**:  

   **Contact Person**:  

4. **Site (business) Address**:  

5. **Tax Map Key (TMK) of site**:  

6. **This is a**:  

   - [ ] New Application  
   - [ ] Transfer Application  
   - [ ] Re-Classification  
   - [ ] Extension of Premises  
   - [ ] Change of Location  
   - [ ] 90-day Trial Period for Entertainment  
   - [ ] Outside Warehouse  

7. **For new applications, changes of location, or as requested for any applications by the DPP, attach a copy of the floor plans, including a location map and description of where business is situated within the building**.  

8. **Type of business intended at site**:  

9. **Other business on TMK parcel**:  

   - [ ] Yes  
   - [ ] No  

   If “Yes”, specify type (i.e., Hotel, Shopping Center, etc.):  

10. **Class/Category of Liquor License applied for**:  

<table>
<thead>
<tr>
<th>SIGNATURE Licensee (Owner)/Authorized Agent</th>
<th>PRINT Licensee (Owner)/Authorized Agent</th>
<th>Date</th>
</tr>
</thead>
</table>

FOR DEPARTMENT OF PLANNING & PERMITTING USE ONLY:

<table>
<thead>
<tr>
<th>Zoning District:</th>
<th>The applicant is hereby notified that zoning clearances may require up to three weeks of research by the Department of Planning &amp; Permitting (DPP). Approval by the DPP does NOT constitute liquor license approval or approval of any required building permits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Use is NOT PERMITTED</td>
<td></td>
</tr>
<tr>
<td>[ ] Use is PERMITTED</td>
<td></td>
</tr>
<tr>
<td>[ ] Use is PERMITTED WITH CONDITIONS</td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS**:

<table>
<thead>
<tr>
<th>SIGNATURE Department of Planning &amp; Permitting</th>
<th>DATE</th>
</tr>
</thead>
</table>

LIQ-LIC-122

Rev. 09/04/18
STATEMENT OF AFFIRMATION
(Voter List & Zoning Clearance)

☐ New Liquor License Application  ☐ Transfer Liquor License Application

Date: _______________________

Applicant Trade Name/DBA: ________________________________________________

Mailing Address: ___________________________________________________________

______________________________________________

Landlord Contact Name: ___________________________________________ Title: __________________________

Bus. #: ___________________ Mobile #: ___________________ Email: __________________________

☐ I've submitted a request for a Voters List to the Office of the City Clerk on __________________________ Date

☐ I've submitted for Zoning Clearance to the Dept. of Planning & Permitting or HCDA (Hawaii Community Development Authority) if licensed premises is located in the Kakaako or Kalaeloa area. __________________________ Date

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

_________________________________________ DATE
SIGNATURE Applicant

_________________________________________ TITLE
PRINT Applicant

For HLC Office Use Only

LCIS ENTRY DATE: ________________  HLC STAFF INITIAL: ________________