

**Request for Permanent Reduction OR
Permanent Increase of Licensed Premises
CHECKLIST**

SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:	Form Number	HLC Initial
<input type="checkbox"/> Notification of Authorized Agent (if applicable)	LIQ-LIC-106	
<input type="checkbox"/> Request for Approval of Permanent Reduction <u>or</u> Permanent Increase of Licensed Premises	LIQ-LIC-127	
<input type="checkbox"/> Landlord Authorization for Increase of Licensed Premises (form must be submitted with an original signature)	LIQ-LIC-128	
<input type="checkbox"/> Provide a copy of the Lease Agreement and amendment showing increase by Landlord.		
<input type="checkbox"/> Current Floor Plan Drawn to Scale Must include the current licensed area outlined in “red” <input type="checkbox"/> New Proposed Floor Plan Drawn to Scale Must include the proposed area to be licensed outlined in “red” <input type="checkbox"/> 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”		
<input type="checkbox"/> 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) <i>For information regarding your Neighborhood Board, contact:</i> 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: <input type="checkbox"/> Zoning Clearance – Dept. of Planning & Permitting (808)768-8000 <u>or</u> Dept. of Hawaiian Homelands (808)620-9590 <input type="checkbox"/> If your business is located in the Kakaako/Kalaheo 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/ <input type="checkbox"/> 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 <i>Request may be submitted with Statement of Affirmation Form prior to receiving Zoning Clearance approval.</i>	LIQ-LIC-122 LIQ-LIC-140 Statement of Affirmation (optional)	

Note: Any application that is inaccurate or incomplete will be returned.
For questions about forms, please email: liq-licensing@honolulu.gov

**LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • EMAIL liq-licensing@honolulu.gov
INTERNET ADDRESS: www.honolulu.gov/liq

**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: _____

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REQUEST FOR ZONING CLEARANCE
Rule 3-83-53.1(a)(2)

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

Applicant to complete information in this block only.

Do not cross out or erase information. If corrections are necessary, please complete a new form.

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: _____

SIGNATURE Licensee (Owner)/Authorized Agent **PRINT Licensee (Owner)/Authorized Agent** **Date**

FOR DEPARTMENT OF PLANNING & PERMITTING USE ONLY:

Zoning District: _____

- Use is NOT PERMITTED
- Use is PERMITTED
- Use is PERMITTED WITH CONDITIONS

The applicant is hereby notified that zoning clearances may require up to three weeks of research by the Department of Planning & Permitting (DPP). Approval by the DPP does NOT constitute liquor license approval or approval of any required building permits.

COMMENTS: _____

 SIGNATURE Department of Planning & Permitting DATE

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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.

SIGNATURE Applicant

DATE

PRINT Applicant

TITLE

For HLC Office Use Only

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____