Request for Internal Renovations
CHECKLIST

<table>
<thead>
<tr>
<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
<th>Form Number</th>
<th>HLC Initial</th>
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<tbody>
<tr>
<td>❑ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
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<tr>
<td>❑ Request for Internal Renovations</td>
<td>LIQ-LIC-148</td>
<td></td>
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<tr>
<td>❑ 2 Separate Floor Plans Drawn to Scale – Must include the proposed area to be licensed outlined in “red”.</td>
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<tr>
<td>• One floor plan to include the current layout of the licensed premises with the area where liquor is being sold/served outlined in “red”.</td>
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<tr>
<td>• Another floor plan to include the future or planned renovations of the licensed premises with the area where liquor will be sold/served outlined in “red”.</td>
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<tr>
<td>❑ Copy of both Floor Plans Drawn to Scale and Reduced to 8-1/2”x11”</td>
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<td>Must include the proposed area to be licensed outlined in “red”.</td>
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Note: Any application that is inaccurate or incomplete will be returned. No fee incurred to request approval for Internal Renovations.

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

| Authorized Agent Name: ____________________ | Title: ____________________ |
| Company Name: ____________________ |
| Mailing Address: ____________________ |
| Bus. #: ____________________ Mobile #: ____________________ Email: ____________________ |
| LCIS Access (Optional) |
| Choose an LCIS Username (Must be between 8 – 32 characters long, one character per box): |

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: ____________________

Licensee/Applicant Contact Name: ____________________ Title: ____________________
Bus. #: ____________________ Mobile #: ____________________ Email: ____________________
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) ____________________

For HLC Office Use Only

LCIS ENTRY DATE: _____________  HLC STAFF INITIAL: _____________
REQUEST FOR INTERNAL RENOVATIONS

Date: ____________________________

Liquor License No.: __________________

Licensee Name: ___________________________________ Trade Name (DBA): ____________________________

Premises Address: ____________________________________________

________________________________________

________________________________________

Licensee Contact Name: __________________________________________ Title: ____________________________

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

Corporate mailing Address: ____________________________________________

Description of renovations/alterations (in detail): __________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

❑ 2 Separate Floor Plans Drawn to Scale
   • Provide floor plan to include the current layout of the licensed premises with the area where liquor is being sold/served outlined in "red".
   • Provide additional floor plan to include the future or planned renovations of the licensed premises with the area where liquor is being sold/served outlined in "red".

❑ Copy of both Floor Plans drawn to scale and reduced to 8 ½" x 11".

________________________________________

SIGNATURE Applicant / Licensee DATE

________________________________________

PRINT Applicant / Licensee TITLE

For HLC Office Use Only

LCIS ENTRY DATE: ___________________ ☐ Approved ☐ Denied

HLC STAFF INITIAL: ___________________ _______________________

Franklin “Don” Pacarro, Jr.
Administrator

Date

LIQ-LIC-148

Rev. 07/05/17