

Request for Internal Renovations 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 Internal Renovations	LIQ-LIC-148	
<input type="checkbox"/> 2 Separate Floor Plans Drawn to Scale – Must include the proposed area to be licensed outlined in “red”. <ul style="list-style-type: none"> • One floor plan to include the current layout of the licensed premises with the area where liquor is being sold/served outlined in “red”. • 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”. <input type="checkbox"/> Copy of both Floor Plans Drawn to Scale and Reduced to 8-1/2”x11” Must include the proposed area to be licensed outlined in “red”.		

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

**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

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