Request for Duplicate Liquor License
CHECKLIST

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<th>SUBMIT YOUR APPLICATION PACKET IN THE FOLLOWING ORDER:</th>
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<th>HLC Initial</th>
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<td>❑ Notification of Authorized Agent (if applicable)</td>
<td>LIQ-LIC-106</td>
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<td>❑ Completed and Notarized Request for Duplicate Liquor License</td>
<td>LIQ-LIC-110</td>
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Note: Any application that is inaccurate or incomplete will be returned.  
No fee incurred to request for duplicate liquor license.  

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: ______________

LIQ-LIC-106  Rev. 04/20/2020
APPLICATION FOR
DUPLICATE LIQUOR LICENSE

To the Liquor Commission of the City and County of Honolulu:
The UNDERSIGNED hereby applies for a duplicate to replace the following license:

License #: ___________________________ Effective Date: __________________

Class: ___________________________ Kind: ___________________________

Issued To

Doing Business As (DBA):

For the Premises Located at:

The License for which a duplicate is asked for was lost or destroyed in the manner indicated below and is no longer in possession of the Licensee.

The undersigned hereby certifies that this application for a duplicate of the above described license is made in good faith and that every statement contained herein is true, unless stated on information and belief, and in such case the statements are believed to be true.

____________________________________________   ___________________________________
SIGNATURE Licensee (Owner)/Authorized Agent  PRINT LICENSEE (Owner)/Authorized Agent

___________________________________
DATE

STATE OF HAWAII
City and County of Honolulu SS.

On this __________________ day of __________________, in the year of __________________, personally appeared __________________, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the foregoing instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the aforementioned instrument the person, or the entity upon behalf of which the person(s) acted, executed the aforementioned instrument in free act and deed.

Signature of applicant(s) before Notary

___________________________________
Subscribed and sworn to before me this:

________________ day of __________________, 20 __________________

Signature of Notary

Print Name: ___________________________
Notary Public, State of Hawaii

My commission expires ___________________________

(Place Notary Stamp or Seal here)

NOTARY CERTIFICATION

Date of Doc: ___________________________  # of Pages: ___________________________

Notary Name: ___________________________  Circuit ___________________________

Doc. Description: ___________________________

________________
Notary Signature  ____________________

Date

(Place Notary Stamp or Seal here)

LIQ-LIC-110  Rev. 10/03/14