

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 APPROVAL OF INVENTORY BALANCING

Licensee Name: _____ Liquor License #: _____

Trade Name / DBA: _____

PARTICIPATING LOCATIONS: Additional sheets attached
The requesting licensee and the participating locations **MUST** be under common ownership.

<u>Trade Name / DBA:</u>	<u>Liquor License #</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Location where Inventory Balancing Records will be kept:

Address: _____
Include: Street Number, Street Name, Unit or Suite Number, City, State, Zip Code

Records Contact Person: _____ Title: _____

Phone #: _____ Mobile #: _____ Email: _____

Licensee represents that upon request, it shall produce any records related to the inventory balancing approved herein, which records shall accurately reflect the date, product, amount, originating location, and movement between or among the locations identified above. Failure to comply with these recordkeeping requirements may result in cancellation of the inventory balancing approval for the rest of the liquor license year. These records shall be kept for not less than four (4) years. **The permit shall expire at the end of the liquor license year and must be renewed annually.**

SIGNATURE Licensee (Owner) DATE

PRINT Licensee (Owner) TITLE

PHONE NUMBER MOBILE PHONE NUMBER EMAIL

For HLC Office Use Only

START DATE: _____
Month / Day / Year

Approved Denied

END DATE: _____
Month / Day / Year

Franklin "Don" Pacarro, Jr. Date
Administrator