



DEPARTMENT OF LIQUOR CONTROL • COUNTY OF MAUI

110 'Ala'ihi Street, Room 212, Kahului, Hawai'i 96732
Phone: (808) 243-7063 • Email: DLCMauiDSW@mauicounty.gov



DIRECT SHIPMENT OF WINE BY WINERIES PERMIT

Complete and submit this form with the required documents.

Effective Permit Year:
January 1 – December 31, _____

WINERY INFORMATION

1. Applicant / Licensee Name (This should be the same name listed on all of the required documents)	
2. Trade Name / DBA (This should be the same name listed on all of the required documents)	
3. Physical Address (Street number and name, City, State, and Zip code)	4. Phone Number
5. Mailing Address (Street number and name, City, State, and Zip code)	6. Email
7. Print Name of Authorized Agent (Full Legal Name)	Signature of Authorized Agent
8. Name of Contact Person & Title	
Phone Number	Email

THIRD-PARTY AUTHORIZATION INFORMATION (IF APPLICABLE)

9. Name of Company / Law Office	
10. Print Name(s) of Authorized Agent(s) (Full Legal Name)	
Phone Number	Email
11. Mailing Address (Street number and name, City, State, and Zip code)	

All applications, forms, documents, and information submitted to the Department shall be true and accurate and shall not contain any false or misleading information. Applicant shall provide all of the required documents from governmental agencies outlined in the checklist per §08-101-45. If the Department seeks to verify any information submitted on the application form or additional documents, the applicant shall provide the requested materials to the Department.

By signing above, I hereby certify the information provided with this application is true and correct, all necessary documents from governmental agencies have been obtained, and any additional documentation/information shall be provided to the Department upon request.

FOR DEPARTMENT USE ONLY

PERMIT #:	DIRECTOR:
LCO INITIAL:	RECOMMENDATION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied