

DEPARTMENT OF LIQUOR CONTROL • COUNTY OF MAUI

110 'Ala'ihī Street, Room 212, Kahului, Hawaii 96732
Phone: (808) 243-7063 • Email: DLCMAUI@mauicounty.gov

APPLICATION FOR SOLICITOR'S PERMIT

INSTRUCTIONS: Lines 1 to 12 shall be completed by the applicant (proposed solicitor/representative). Lines 13 to 16 shall be completed by the manufacturer or wholesaler appointing such solicitor/representative or a statement by such manufacturer or wholesaler of said appointment shall accompany this application.

APPLICATION NO. _____

Application for Permit to Act as Authorized Solicitor/Representative of

1. _____
Name & Address of Licensee
in the County of Maui.

To: DIRECTOR
Department of Liquor Control
County of Maui
Wailuku, Maui, Hawaii

The undersigned applies for a permit to act as the authorized solicitor and representative in the County of Maui for:

2. _____
Name of Licensee

3. the holder of a _____ License
Class & Kind

4. issued by the Liquor Commission of _____ for

5. the year commencing July 1, 20____and ending June 30, 20_____.

6. Name: _____

7. Date of Birth: _____

8. Residence: _____

9. Place of Business: _____

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10. Dated at: _____

11. Fee: General (\$1,800.00) Beer and Wine (\$1,200.00) Alcohol (\$200.00)

12. _____
Signature of Applicant

The above-named applicant has been appointed as solicitor and representative of the undersigned in the County of Maui, State of Hawaii.

13. _____
Name of Licensee

14. License No. _____ Class & Kind of License _____

15. issued by the _____

16. Signed _____ Date _____
Signature

Print Name and Position

The following documents shall be submitted with this application:

- 1. Copy of the liquor license issued by the commission of any county, including the copy of the liquor license application and report by the investigator.
- 2. List of all persons issued the liquor license, including but not limited to: individual licensee; officers, directors, stockholders owning 25% or more of the outstanding stock of the corporation; partners in the partnership; or managers, members, agents, organizers of a limited liability company. The Department may require the filing of personal history and all criminal history statements.

FOR OFFICE USE ONLY

APPROVED BY: _____ DATE: _____
Director