

**GENERAL EXCISE BRANCH LICENSE  
MAINTENANCE FORM**

(New, Change, Or Cancel Branch Activity)

TYPE OR PRINT LEGIBLY

1. TAXPAYER'S

(A) HAWAII TAX I.D. NO. **W** \_\_\_\_\_ - \_\_\_\_\_

(B) NAME \_\_\_\_\_

2. BRANCH INFORMATION:

CHECK ONE AND COMPLETE ITEMS INDICATED:

- 1 New (complete all items in (A) below)
- 2 Change (complete only items you are changing in (A) below)
- 3 Cancel (complete all items in (B) below)

(A) New or Change

(1) Branch DBA Name \_\_\_\_\_

(2) Branch Business Location Address \_\_\_\_\_

(3) Branch Business City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

(4) Branch NAICS Code \_\_\_\_\_

(5) Date Branch Business Started \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YR

(B) Cancel (Attach certificate of Branch to be cancelled)

(1) Branch DBA Name \_\_\_\_\_

(2) Branch Business Location Address \_\_\_\_\_

(3) Branch Business City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

(4) Date Branch Business Cancelled \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YR

**MAILING ADDRESS & TELEPHONE NUMBERS**

HAWAII DEPARTMENT OF TAXATION  
P.O. Box 1425  
Honolulu, HI 96806-1425  
Telephone: 808-587-4242  
Toll Free: 1-800-222-3229

THIS SPACE FOR DATE RECEIVED STAMP

The above information is hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this form and understands that an unsigned form will not be accepted.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
TITLE (OWNER, PARTNER OR MEMBER, OFFICER)

CONTACT PHONE NO. (daytime): ( \_\_\_\_\_ ) \_\_\_\_\_