

**GENERAL EXCISE BRANCH LICENSE
MAINTENANCE FORM**

(Use this form to add, change, or cancel a branch license)

TYPE OR PRINT LEGIBLY

1. TAXPAYER INFORMATION:

(A) HAWAII TAX I.D. NO. **GE** _____ - _____ - _____ - _____
(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) Add a New Branch or Change Branch Information

- (1) Branch DBA Name _____
- (2) Branch Business Location Address _____
- (3) Branch Business City/State _____ Postal/ZIP Code _____
- (4) Branch NAICS Code _____
- (5) Date Branch Business Started ____ / ____ / ____
MO DAY YR

(B) Cancel (Attach Branch License)

- (1) Branch DBA Name _____
- (2) Branch Business Location Address _____
- (3) Branch Business City/State _____ Postal/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)

Daytime Phone No.: (_____) _____