COMMERCIAL MARINE BUSINESS LICENSE/REGISTRATION APPLICATION FORM

* Complete, Sign, Send Form, & Check Payable to:

DIVISION OF AQUATIC RESOURCES ATTN: LICENSING/BUSINESS 1151 Punchbowl St. RM 330 Honolulu, HI 96813



OFFICE USE ONLY

Received Date:

Approved Date:

Dealer #:

BUSINESS INFORMATION											
	Inform	ation provide		on should desc Please type or p	•	e of business an tion clearly.	d central bus	iness contact.			
Business Name				Additional Business Names (dba)							
Last Nam	ne			First Name		M.I.	Desc. ((owner, manager, chef, etc)			
Business	Address			City		State		ZIP Code			
Business	s Phone		E-mail Add	ress							
Mailing A	ddress			City		State		ZIP Code			
Website .	Address										
	ss Type: I that apply)	Auction	Online	Wholesaler	Retailer	Restaurant	Aquarium				
		COMMER	CIAL MARIN	IE BUSINESS	LICENSE	/REGISTRATIO	ON SELECT	TONS			
	Check all license/registration box(es) that apply. Please review all associated terms and conditions for additional information and responsibilities.							nsibilities.			
	Applies to	the sale or trar				nmercial marine lice	nsee.				
				•		uires Commerc Naso brevirostris, a					
				egistration (No		uires Commerci aceus).	ial Marine De	ealer License			
	Applies to	sell or serve du	ring the closed s	-	crab or lobster	00) lawfully caught duri Animals" with this	- '	son.			
	Applies to	possess, sell,	or offer for sale o	-	I or product pro	License (\$100) hibited/restricted by Animals" with this	-				
	•		•	00 for two year ed in a licensed aqu	•	<i>'</i> .					

TURN OVER FORM TO COMPLETE AND SIGN

CMDL-APP 07/10/25 DLNR-DAR, State of Hawai'i

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For more information regarding the Division of Aquatic Resources marine licenses and registrations, applicable terms and conditions, or regulation information, please scan the QR code or visit https://dlnr.hawaii.gov/dar/licenses-permits/.

Questions regarding any business license/registration? Please email DealerReport@hawaii.gov or call (808) 587-0088

	nsible under the irement per clearly.				
_ast Name		First Name		M.I.	
Mailing Address		City		State	ZIP Code
Phone		-mail Address			
	TE	RMS AND CONDITION	S ACKNOWLE	DGEMENT	
	I understand and agr as specified in the G Conditions forms, an of any term or condit circumstance, may re the prosecution of ar Statutes, Chapters 1	for the licenses and regise and date are required, other ee to abide by all general to eneral Terms and Condition d as may be provided elsewion of this license/registration esult in the invalidation and an enforcement action agains 87A, 188, and 189. In the ense/registration, as stated a law shall apply.	nerwise application erms and conditions, on applicable where by law. I ure on, including any for revocation of the st me as specified event of any diffel	on will be returned ons of the licens Specific Terms anderstand that a misstatement of this license/reginal in the Hawaii Frence between	re/registration and any violation f fact or stration, and Revised the terms and
	requirements and reapplication. This p	nture shall be considered a may be recorded electroni rocedure is deemed lawfu Section 489E, Hawaii Revi	ically through th ul under the Unit	e Internet licer	nsing
Signa	ature:		Ć	Date:	

SIGNATURE AND DATE ARE REQUIRED

CMDL-APP 07/29/25 DLNR-DAR, State of Hawai'i