

LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU  
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • FAX (808) 768-7311  
INTERNET ADDRESS: www.honolulu.gov/liq



**DECLARATION OF GROSS LIQUOR SALES**  
**[TEMPORARY PERIOD REPORTING]**

**CABARET**

**FOR LATE FILING ONLY**

(Pursuant to Rule 3-81-17.54(c))

**AMENDED REPORT**

*Attach supporting documents*

OTC BY \_\_\_\_\_  
 PM DATE \_\_\_\_\_

**Report due 31 days after cancellation or expiration of Temporary License**

LICENSEE \_\_\_\_\_  
TRADE NAME \_\_\_\_\_  
NAME/TITLE OF PERSON PREPARING REPORT \_\_\_\_\_  
EMAIL ADDRESS (Required) \_\_\_\_\_

LICENSE NO. \_\_\_\_\_  
BUS PHONE NO. \_\_\_\_\_  
PREPARER'S NO. \_\_\_\_\_

**COMPUTATION OF ADDITIONAL LICENSE FEE**

- |   |                  |
|---|------------------|
| 1. Total Liquor Sales from _____ to _____                         | 1. _____         |
| 2. General Excise Tax (if assessed to customers)                  | 2. _____         |
| 3. Complimentary Drinks and/or Samples (Report at the full value) | 3. _____         |
| 4. <b>GROSS LIQUOR SALES (GLS)</b> (Add Lines 1 through 3)        | 4. _____         |
| 5. Assessment Rate of the class of the respective license         | 5. <b>0.0075</b> |
| 6. <b>ADDITIONAL FEE DUE AND PAYABLE</b> (Multiply Lines 4 and 5) | 6. _____         |

\* Please make checks payable to "City & County of Honolulu"

**PAYMENT ENCLOSED**

**COST OF LIQUOR SOLD**

- |  |          |
|--|----------|
| A. Beginning Liquor Inventory as of _____                      | A. _____ |
| B. Total Liquor Purchases for Temporary period reported above  | B. _____ |
| C. Ending Liquor Inventory as of _____                         | C. _____ |
| D. <b>Cost of Liquor Sold for the period</b> (Lines A + B - C) | D. _____ |

Pursuant to §3-81-17.5 et seq., the Rules of the Liquor Commission, and under the penalties set forth in §281, Hawaii Revised Statutes, I certify that this Gross Liquor Sales Report is true, accurate, and complete, and I am authorized to submit this report.

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Officer, Member, or Authorized Agent*

\_\_\_\_\_  
Print Name/Title

**OFFICE USE ONLY**

paid: \_\_\_\_\_  
Ck#: \_\_\_\_\_  
Initial: \_\_\_\_\_  
Date: \_\_\_\_\_ ( )

For assistance, please contact HLC Auditing Team:  
(808) 768-7343; Liq-Auditing@honolulu.gov