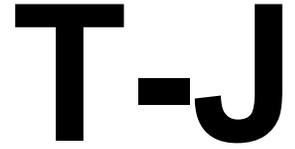


LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq



DECLARATION OF GROSS LIQUOR SALES

TOUR/CRUISE VESSEL

FOR LATE FILING ONLY

[TEMPORARY PERIOD REPORTING]

OTC BY _____
 PM DATE _____

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

AMENDED REPORT

Attach supporting documents

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 Purchases from _____ to _____ | 1. _____ |
| 2. GROSS LIQUOR SALES (GLS) (4 x Line 1) | 2. _____ |
| 3. Assessment Rate of the class of the respective license | 3. 0.005 |
| 4. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 2 and 3) | 4. _____ |

* 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. Cost of Liquor Sold (COLS) for Temporary period above (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