Reserve for Liquor Commission Time Stamp

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

T-W

DECLARATION OF GROSS LIQUOR SALES

WINERY

[TEMPORARY PERIOD REPORTING]

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

FOR LATE FILING ONLY
☐ OTC BY _____
☐ PM DATE _____

☐ **AMENDED REPORT**
Attach supporting documents

Report due 31 days after cancellation or expiration of Temporary License

LICENSEE _____ LICENSE NO. _____

TRADE NAME _____ BUS PHONE NO. _____

NAME/TITLE OF PERSON PREPARING REPORT _____ PREPARER'S NO. _____

EMAIL ADDRESS (Required) _____

COMPUTATION OF ADDITIONAL LICENSE FEE

1. Total Liquor Sales from _____ to _____ — 1. _____
2. Total Liquor Sales from Wholesale Activies — 2. _____
3. General Excise Tax (if assessed to customers) — 3. _____
4. Liquor Bottle Fees (if assessed to customers) — 4. _____
5. Complimentary Drinks and/or Samples (Report at the full value) — 5. _____
6. **GROSS LIQUOR SALES (GLS)** (Add Lines 1 through 5) — 6. _____
7. Assessment Rate of the class of the respective license — 7. **0.005**
8. **ADDITIONAL FEE DUE AND PAYABLE** (Multiply Lines 6 and 7) — 8. _____

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

PAYMENT ENCLOSED ☐

COST OF LIQUOR SOLD

A. Beginning Wine Inventory (Finished Products) as of _____ — A. _____
B. Total Wine Costs* for the period — B. _____
C. Ending Liquor Inventory (Finished Products) as of _____ — C. _____
D. **Cost of Liquor Sold for the period** (Lines A + B - C) — D. _____

** "Liquor Costs" mean costs of the finished products ready for sale.*

Manufactured:

E. Total amount of barrels manufactured for the period — E. _____

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