

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

RESTAURANT

FOR LATE FILING ONLY

[TEMPORARY PERIOD REPORTING]

AMENDED REPORT

OTC BY
PM DATE

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

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

PART A: ON-PREMISES SALES

1. Total Food Sales from to
2. Total Non-Alcoholic Beverage Sales
3. Total Liquor Sales
4. General Excise Tax (Liquor sales portion only if assessed to customers)
5. Complimentary Drinks and/or Samples (Report at the full value)
6. GROSS LIQUOR SALES (GLS On-Premises) (Add Lines 3 through 5)

PART B: OFF-PREMISES CATERING SALES

7. Total Food Sales from All Off-Premises Catering Sales
8. Total Non-Alcoholic Beverage Sales from all Off-Premises Catering Sales
9. Total Liquor Sales from All Off-Premises Catering Sales
10. General Excise Tax (Liquor sales portion only if assessed to customers)
11. Complimentary Drinks and/or Samples (Report at the full value)
12. GROSS LIQUOR SALES (GLS Off-Premises) (Add Lines 9 through 11)

13. COMBINED GLS (Add Lines 6 and 12)
14. Assessment Rate of the class of the respective license 0.005
15. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 13 and 14)

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

PAYMENT ENCLOSED

OFFICE USE ONLY

Page 2 of 2
Paid:
CK#:
Initial:
Date: ( )

\*\*\* CONTINUE TO PAGE 2 OF 2 \*\*\*

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

LICENSEE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

TRADE NAME \_\_\_\_\_

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**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 for the period** (Lines A + B - C) D. \_\_\_\_\_

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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

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