PRINT FORM | RESET | HELP

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-I

DECLARATION OF GROSS LIQUOR SALES

CABARET

[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 _____ (Temporary License Period)	1.
2.	General Excise Tax (if assessed to customers)	2.
3.	Complimentary Drinks and/or Samples (Report at the full value)	3.
4.	**GROSS LIQUOR SALES (GLS)** (Add Lines 1 through 3)	4. **0.00**
5.	Assessment Rate of the class of the respective license	5. 0.0075
6.	**ADDITIONAL FEE DUE AND PAYABLE** (Multiply Lines 4 and 5)	6. **0.00**

** 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 for the period** (Lines A + B - C)	D. **0.00**

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