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-S

DECLARATION OF GROSS LIQUOR SALES

SMALL CRAFT PRODUCER PUB

[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.	Total 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. **0.00**
7.	Assessment Rate of the class of the respective license	7. 0.0075
8.	**ADDITIONAL FEE DUE AND PAYABLE** (Multiply Lines 6 and 7)	8. **0.00**

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

PAYMENT ENCLOSED ☐

COST OF LIQUOR SOLD

A.	Beginning Liquor Inventory as of (including manufactured products ready for sale)	A.
B.	Total Liquor Purchases and Liquor Costs of Manufactured Products for the temporary period	B.
C.	Ending Liquor Inventory as of	C.
D.	**Cost of Liquor Sold for the period** (Lines A + B - C)	D. **0.00**

Manufactured:

E.	Total amount (barrels) manufactured for the temporary 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