

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

P-Q

DECLARATION OF GROSS LIQUOR SALES
[PARTIAL PERIOD REPORTING]

CATERER

FOR LATE FILING ONLY

OTC BY _____

PM DATE _____

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

AMENDED REPORT

Attach supporting documents

Report due 31 days after expiration, revocation, or cancellation of the license;
For a license transfer, report due before the actual transfer of the 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

Partial Period Reporting: [] New License [] Transfer [] Other

- 1. Total Food Sales from _____ to _____
2. Total Non-Alcoholic Beverage Sale
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) (Add Lines 3 through 5)
7. Less Prorated Deductible (Please call 808-768-7343 for the prorated deductible)
8. NET GLS (Line 6 minus Line 7. Enter "0", if less than "0".)
9. Assessment Rate of the class of the respective license 0.005
10. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 8 and 9; Limited to \$25,000)

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

PAYMENT ENCLOSED []

COST OF LIQUOR SOLD

- A. Beginning Liquor Inventory as of _____
B. Total Liquor Purchases for the period _____
C. Ending Liquor Inventory as of _____
D. Cost of Liquor Sold for the period (Lines A + B - C) _____

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