FOR LATE FILING ONLY
- OTC BY ________________
- PM DATE ________________

DEPARTMENT OF LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOANI 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

[CERTIFIED REPORT]
(Pursuant to Rule 3-81-17.54(c))

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

<table>
<thead>
<tr>
<th>LICENSEE</th>
<th>LICENSE NO.</th>
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</thead>
<tbody>
<tr>
<td>TRADE NAME</td>
<td>BUS PHONE NO.</td>
</tr>
<tr>
<td>NAME/TITLE OF PERSON PREPARING REPORT</td>
<td>PREPARER'S NO.</td>
</tr>
<tr>
<td>EMAIL ADDRESS (Required)</td>
<td></td>
</tr>
</tbody>
</table>

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
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.

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