

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-R

DECLARATION OF GROSS LIQUOR SALES
[PARTIAL PERIOD REPORTING]

RESTAURANT

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
TRADE NAME
NAME/TITLE OF PERSON PREPARING REPORT
EMAIL ADDRESS (Required)
LICENSE NO.
BUS PHONE NO.
PREPARER'S NO.

COMPUTATION OF ADDITIONAL LICENSE FEE

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

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. Less Prorated Deductible (Please call 808-768-7343 for the prorated deductible)
15. NET GLS (Line 13 minus Line 14. Enter "0", if less than "0".)
16. Assessment Rate of the class of the respective license
17. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 15 and 16; Limited to \$25,000)

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 _____

COST OF LIQUOR SOLD

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

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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