

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-S

DECLARATION OF GROSS LIQUOR SALES

SMALL CRAFT PRODUCER PUB

[PARTIAL PERIOD REPORTING]

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

- 1. Total Liquor Sales from to
2. Total Sales from Wholesale Activities
3. General Excise Tax (if assessed to customers)
4. Liquor Bottle Fees (if assessed to customers)
5. Complimentary Drinks and/or Samples (Report at the full value)
6. GROSS LIQUOR SALES (GLS) (Add Lines 1 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 \$40,000)

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

PAYMENT ENCLOSED

COST OF LIQUOR SOLD

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

Manufactured:

- E. Total amount of barrels manufactured for the period

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

OFFICE USE ONLY

Paid:
CK#:
Initial:
Date: ( )

Print Name/Title

For assistance, please contact HLC Auditing Team:
(808) 768-7343; Liq-Auditing@honolulu.gov