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

DECLARATION OF GROSS LIQUOR SALES
[PARTIAL PERIOD REPORTING] (Pursuant to Rule 3-81-17.54(c))

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 Liquor Sales from _______ to _______ ________________
2. General Excise Tax (if assessed to customers) ________________
3. Liquor Bottle Fees (if assessed to customers) ________________
4. Complimentary Drinks and/or Samples (Report at the full value) ________________
5. GROSS LIQUOR SALES (GLS) (Add Lines 1 through 4) ________________
6. Less Prorated Deductible (Please call 808-768-7343 for the prorated deductible) ________________
7. NET GLS (Line 5 minus Line 6. Enter "0", if less than "0"). ________________
8. Assessment Rate of the class of the respective license ________________
9. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 7 and 8; Limited to $10,000) ________________

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

COST OF LIQUOR SOLD

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

* "Liquor Costs" mean landed costs for Wholesalers.

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

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