DEPARTMENT OF LAW
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

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) ________________________________________________________________

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 $15,000)

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 ____________________

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