

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-B

DECLARATION OF GROSS LIQUOR SALES

BREW PUB

FOR LATE FILING ONLY

[PARTIAL PERIOD REPORTING]

AMENDED REPORT

OTC BY _____

(Pursuant to Rule 3-81-17.54(c))

Attach supporting documents

PM DATE _____

**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 _____ | 1. |
| 2. Total Sales from Wholesale Activities | 2. |
| 3. General Excise Tax (if assessed to customers) | 3. |
| 4. Liquor Bottle Fees (if assessed to customers) | 4. |
| 5. Complimentary Drinks and/or Samples (Report at the full value) | 5. |
| 6. <u>GROSS LIQUOR SALES (GLS)</u> (Add Lines 1 through 5) | 6. |
| 7. Less Prorated Deductible | 7. |
| 8. Net GLS (Line 6 minus Line 7. Enter "0", if less than "0".) | 8. |
| 9. Assessment Rate of the class of the respective license | 9. |
| 10. <u>ADDITIONAL LICENSE FEE DUE AND PAYABLE</u> (Multiply Lines 8 and 9; Limited to \$40,000) | 10. |

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 _____ | A. |
| B. Total Liquor Purchases From Wholesalers and Liquor Costs of Manufactured Products for the period _____ | B. |
| C. Ending Liquor Inventory as of _____ | C. |
| D. Cost of Liquor Sold for the period (Lines A + B - C) | D. |

Manufactured:

- | | |
|--|----|
| E. Total amount of barrels manufactured for the period _____ | E. |
|--|----|

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