

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-C

DECLARATION OF GROSS LIQUOR SALES

WHOLESALER

[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

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

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

PAYMENT ENCLOSED

COST OF LIQUOR SOLD

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

* "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 _____

OFFICE USE ONLY

Paid: _____
Ck#: _____
Initial: _____
Date: _____ ()

Print Name/Title _____

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