

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-D

DECLARATION OF GROSS LIQUOR SALES
[PARTIAL PERIOD REPORTING]

RETAIL

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 \$15,000) | 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 Purchases for the period _____ | B. |
| C. Ending Liquor Inventory as of _____ | C. |
| D. Cost of Liquor Sold for the period (Lines A + B - C) | D. |

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